

PRESS RELEASE

'Difficult' patients more likely to experience worse symptoms

New study examines how doctor/patient encounters impact health outcomes

New York / Heidelberg, 26 January 2011

'Difficult' patient-clinician encounters have a negative impact on patients' health outcomes in the short-term, according to a new study by Sheri Hinchey from the Tripler Army Medical Centre in Honolulu and Jeffrey Jackson from the Zablocki VA Medical Centre in Milwaukee. Their findings¹ show that nearly 18 percent of patients are perceived as difficult by their physicians and are less likely to trust or be satisfied with their doctor. Importantly, these patients are also more likely to report worse symptoms two weeks after the consultation. Hinchey and Jackson's work has just been published online in the *Journal of General Internal Medicine*².

To date, the majority of studies looking at 'difficult' patients has focused on patient characteristics alone. Hinchey and Jackson's work builds on the existing research by looking at a fuller picture, taking into account both patient and clinician factors associated with being considered 'difficult', as well as assessing the impact on patient health outcomes.

A total of 750 adults who attended a primary care walk-in clinic took part. Before the consultation, the authors assessed their symptoms, expectations, general health, how they functioned physically, socially and emotionally as well as whether these adults had mental disorders. Immediately after their visit, participants were asked about their satisfaction with the encounter, any unmet expectations as well as their levels of trust in their doctor. Two weeks later, symptoms were checked again. In addition, clinicians were asked to rate how difficult the encounter was after each visit.

The authors found that nearly 18 percent of patients were perceived as 'difficult'. Both patient and physician characteristics contributed to 'difficult' encounters. In particular, 'difficult' patients had more symptoms, worse functional status, used the clinic more frequently and were more likely to have an underlying psychiatric disorder than non-difficult patients. Clinicians with a more open communication style and those with more experience reported fewer difficult encounters.

As a result, patients emerging from difficult encounters were less satisfied, had lower trust in their clinician and a greater number of unmet expectations. Two weeks later, they were also more likely to experience worsening of their symptoms.

Reference

1. Hinchey SA & Jackson J (2011). A cohort study assessing difficult patient encounters in a walk-in primary care clinic; predictors and outcomes. *Journal of General Internal Medicine*; DOI 10.1007/s11606-010-1620-6
2. The *Journal of General Internal Medicine* is the official journal of the Society of General Internal Medicine.

The full-text article is available to journalists on request.

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<http://www.springer.com/journal/11606>

Journal of General Internal Medicine
Editor-in-Chief: Kravitz, R.; Feldman, M.
ISSN: 0884-8734 (print version)
ISSN: 1525-1497 (electronic version)
Journal no. 11606