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Original Research Article

# Difficult Physician-Patient Encounters in Ophthalmic Clinic

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**Abstract:** The objective of this study is to evaluate the prevalence of difficult patients in ophthalmic clinics. Difficult patients were retrospectively analyzed among 1,238 ambulatory patients seen by one physician during a two-month period. Physician-experienced difficulty was measured by using the Difficult Doctor Patient Relationship Questionnaire—10-Item Version (DDPRQ-10). The overall prevalence of difficult patients was 1.4% (17 of 1,238 patients). Reasons for perceived difficulty were "excessive expectations" (n = 10), "change in attitude" (n = 5), "various symptoms" (n = 5), "personality disorder" (n = 3), "communication difficulties" (n = 3), and "frequent visitation" (n = 2). The mean DDPRQ-10 score was 49.1 ± 4.9 (range: 41–56). Difficult patients visit ophthalmic clinics, although more rarely than primary care clinics.
**Keywords:** Difficult patients, Doctor-patient relationship, Ophthalmic clinic, Difficult Doctor Patient Relationship Questionnaire 10-Item Version (DDPRQ-10).

## INTRODUCTION

Almost all physicians care for some patients that they experience as difficult. These patients have been variously labeled as "hateful," "heart-sinking," "problematic," and "difficult" (i.e., difficult patients; DPs) [1-8]. These patients typically frustrate physicians, possibly affecting the care those patients receive. The prevalence of DPs in primary care clinics is 15–30% [1-8]; however, their prevalence in ophthalmic clinics is unexamined. Accordingly, this study examined the prevalence of DPs in ophthalmic clinics.

## MATERIALS AND METHODS

This study retrospectively evaluated patient difficulty among 1,238 ambulatory patients seen by one physician during a two-month period at an ophthalmic clinic in the Jichi Medical University hospital. One physician subjectively designated patients as DPs. We examined their prevalence and reasons why the patients were designated as DPs. Pediatric cases were designated as DPs based on the patient's family. The Difficult Doctor Patient Relationship Questionnaire—10-Item Version (DDPRQ-10) was used to measure physician-experienced difficulty (Table 1) [3-5]. The DDPQR-10 consists of 10 Likert-type questions with a 6-point response scale and a possible score range of 10–60. Higher scores indicated a poorer doctor-patient relationship.

**Table 1: Difficult Doctor Patient Relationship Questionnaire (10-Item Version) (DDPRQ-10)**

| |
|---|
| 1. How much are you looking forward to this patient's next visit after seeing this patient today? |
| 2. How "frustrating" do you find this patient? |
| 3. How manipulative is this patient? |
| 4. How difficult is it to communicate with this patient? |
| 5. To what extent are you frustrated by this patient's vague complaints? |
| 6. How self-destructive is this patient? |
| 7. Do you find yourself secretly hoping that this patient will not return? |
| 8. How at ease did you feel when you were with this patient today? |
| 9. How time-consuming is caring for this patient? |
| 10. How enthusiastic do you feel about caring for this patient? |

Each item is scored on a six-point scale: 1 - "Not at all," 6 = "A great deal,"
The DDPRQ-10 score equals the sum of the 10 items.
Responses were dichotomized by coding raw scores of 4 through 6 on each item as difficult (after reversing for direction of items 1, 8, and 10).

## RESULTS

The overall prevalence of difficult patients was 1.4% (17 of 1,238 patients). Table 2 presents the characteristics and sources of difficulty of DPs. Nine, six, and two DPs were women, men, and children, respectively. The mean age of DPs was 65.9 ± 15.8 years (range: 27–86 years). Common visual impairments among DPs were glaucoma, diabetic retinopathy, retinal detachment, and diplopia (strabismus). Common sources of patient difficulty were "excessive expectations" (n = 10), "change in attitude" (n = 5), "various symptoms" (n = 5), "personality disorder" (n = 3), "communication difficulties" (n = 3), and "frequent visitation" (n = 2). Eleven DPs had two sources of difficulty (64.7%). The mean DDPRQ-10 score was 49.1 ± 4.9 (range: 41–56; Table 3).

**Table 2: Characteristics and sources of difficulty of difficult patients**

| No. | age | sex | diagnosis | reasons |
|---|---|---|---|---|
| 1 | 79 | F | glaucoma | excessive expectations, change in attitude |
| 2 | 71 | M | diplopia | excessive expectations, change in attitude |
| 3 | 65 | F | depression | personality disorder, various symptoms |
| 4 | 4M | M | cataract | excessive expectations, change in attitude |
| 5 | 57 | M | retinal detachment | personality disorder, frequent visitation |
| 6 | 86 | M | dementia | communication difficulties, frequent visitation |
| 7 | 80 | F | glaucoma | change in attitude |
| 8 | 67 | F | diabetic retinopathy | personality disorder, various symptoms |
| 9 | 81 | M | diplopia | excessive expectations |
| 10 | 51 | F | serous retinal detachment | excessive expectations, various symptoms |
| 11 | 62 | F | diabetic retinopathy | communication difficulties |
| 12 | 49 | F | blindness | excessive expectations, various symptoms |
| 13 | 59 | F | amblyopia | excessive expectations |
| 14 | 81 | M | diabetic retinopathy | excessive expectations, various symptoms |
| 15 | 27 | F | strabismus | communication difficulties |
| 16 | 5 | F | strabismus | excessive expectations |
| 17 | 74 | M | diplopia | excessive expectations, change in attitude |

**Table 3: Scores of DDPRQ-10**

| No. | total score | item 1 | item 2 | item 3 | item 4 | item 5 | item 6 | item 7 | item 8 | item 9 | item 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 55 | 6 | 6 | 1 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 2 | 51 | 5 | 5 | 3 | 5 | 5 | 4 | 6 | 6 | 6 | 6 |
| 3 | 43 | 5 | 4 | 5 | 4 | 4 | 6 | 5 | 4 | 3 | 6 |
| 4 | 56 | 6 | 6 | 3 | 5 | 6 | 6 | 6 | 6 | 6 | 6 |
| 5 | 44 | 4 | 4 | 4 | 2 | 4 | 5 | 5 | 5 | 6 | 5 |
| 6 | 53 | 6 | 6 | 2 | 6 | 5 | 6 | 6 | 5 | 5 | 6 |
| 7 | 51 | 5 | 5 | 5 | 4 | 6 | 5 | 5 | 5 | 5 | 6 |
| 8 | 52 | 6 | 5 | 4 | 4 | 5 | 6 | 6 | 5 | 5 | 6 |
| 9 | 46 | 5 | 6 | 3 | 4 | 5 | 4 | 5 | 4 | 5 | 5 |
| 10 | 51 | 6 | 6 | 3 | 3 | 5 | 5 | 6 | 6 | 5 | 6 |
| 11 | 53 | 6 | 5 | 3 | 5 | 6 | 6 | 6 | 5 | 5 | 6 |
| 12 | 41 | 4 | 3 | 3 | 2 | 3 | 5 | 5 | 4 | 6 | 6 |
| 13 | 43 | 5 | 5 | 3 | 2 | 4 | 3 | 5 | 5 | 5 | 6 |
| 14 | 51 | 6 | 5 | 3 | 5 | 5 | 5 | 6 | 5 | 5 | 6 |
| 15 | 47 | 4 | 6 | 2 | 6 | 5 | 3 | 5 | 5 | 6 | 5 |
| 16 | 43 | 4 | 5 | 2 | 4 | 5 | 3 | 5 | 5 | 5 | 5 |
| 17 | 55 | 6 | 6 | 3 | 4 | 6 | 6 | 6 | 6 | 6 | 6 |

## DISCUSSION

Emotional labor, defined as the process of managing the experience and expression of feelings in order to support or achieve work goals, is among the most demanding characteristics of the health professions [9]. Physicians experience a range of strong emotions in daily practice; however, the difficulty resulting from these emotional experiences is commonly neglected. Additionally, DPs are a source of frustration and are time-consuming cases; these characteristics may negatively affect physicians' responses and the care that the DPs subsequently receive.

The prevalence of DPs was lower in this study than has been reported in primary care clinics [1-8]. This may be attributed to the symptom diversity in patients (most patients in ophthalmic clinics have ocular symptoms, whereas patients in primary care clinics may have various subjective symptoms). Nonetheless, patients visiting ophthalmic clinics often have systemic complications or social and economic problems.

On the DDPRQ-10, the cutoff for indicating DP status has been reported to be 30 [3-5]. In this study, the minimum DDPRQ-10 score was 41.

Hahn *et al*. [3] found that 96 of 627 patients were DPs (15%) and that mental disorder was much more frequent among DPs. The following psychiatric disorders were particularly strongly associated with difficulty: multisomatoform disorder, panic disorder, dysthymia, generalized anxiety, major depressive disorder, and probable alcohol abuse or dependence. DPs had more functional impairment, higher health care use, and lower satisfaction with care, whereas demographic characteristics and physical illness were not associated with difficulty. Hinchey *et al.* [6] found that 133 (17.8%) among of 750 participants were DPs and that DPs often had more than five symptoms, recent stress, or a depressive or anxiety disorder. DPs less commonly fully trusted or were fully satisfied with their clinician, and more commonly had worsening symptoms at two weeks. In contrast, physicians caring for DPs were less experienced and had poorer psychosocial orientation scores, suggesting that in addition to patient factors, physician factors and situational issues affect encounter difficulty. In this study, the most common reasons for patients' designation as DPs were "excessive expectations," "change in attitude," "various symptoms," "personality disorder," "communication difficulties," and "frequent visitation."

## CONCLUSIONS

Although the present results reflected one physician's evaluations, they indicate that DPs visit ophthalmic clinics. Accumulation of clinical experience may help physicians manage DPs. Finally, we think that communication skills and emotional management of DPs should be emphasized in undergraduate or postgraduate education for physicians.

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