Patient Bullying: A Survey of Physicians in Primary Care

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Background: The bullying of physicians by patients has been documented in several previous studies, which indicate high rates among trainees as well as physicians in practice. However, these studies are few in number, many consist of non–U.S. samples, and no study has examined the subsequent risk for posttraumatic stress disorder among physicians.

Method: In this study of 61 primary care physicians in predominantly suburban outpatient group practices located in a midsized, Midwestern city, we retrospectively explored the 12-month prevalence of various types of patient bullying behaviors as well as posttraumatic stress disorder symptoms using a self-report method. The study was conducted from November 2005 to March 2006.

Results: We determined high rates of coercive and threatening behaviors by patients in this sample (e.g., 85% of participants [N = 52] reported office staff being verbally abused; 61% [N = 37] reported being bullied to write a prescription). In addition, 41% (N = 25) of participants acknowledged the need for security or the police to remove a patient from their office. One participant reported sufficient symptoms to meet the criteria for posttraumatic stress disorder (according to the Primary Care PTSD Screen).

Conclusions: Physicians undergo frequent patient bullying.

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According to empirical studies, patient maltreatment of resident physicians is not uncommon. For example, among trainees in 7 Canadian residencies, Cook and colleagues[1] found that 50% reported psychological abuse by patients, with 10% to 15% reporting physical assaults by either patients or family members. Coverdale and colleagues[2] surveyed 135 New Zealand residents in the fields of psychiatry, general medicine, surgery, and obstetrics/gynecology; 67% reported verbal threats by patients, 54% reported physical intimidation, 41% reported the observation of damage to the treatment facility, and 39% reported physical assaults. Finally, Sansone and colleagues[3] surveyed training directors of U.S. psychiatry programs and determined a mean of 1.26 physical attacks on residents per program during a 2-year study period.

Investigators have also examined patient maltreatment of physicians who have completed training. Among 196 Canadian female physicians, Stewart and colleagues[4] found that, during the year preceding the study, 71% experienced verbal abuse and 33% physical assault. Cook and colleagues[5] surveyed 501 Canadian general internists and found that three quarters experienced emotional abuse by patients, with 38% of female and 26% of male respondents reporting physical assaults. In a U.S. survey of 91 psychiatrists, Dubin and colleagues[6] found that approximately one third reported serious assaults by patients. Finally, Madden and colleagues[7] surveyed 115 U.S. psychiatrists and found that 41.7% reported assaults by patients. In addition to these empirical studies, there are also case reports in the literature that describe patient assaults on physicians.[8,9]

While informative, these prior studies have a number of potential limitations. First, the number of studies is relatively small, and few are recent. Second, only 3 of 7 studies have been undertaken in the United States, and all of these have consisted of psychiatry samples.[3,6,7] Finally, and perhaps most importantly, no study to date has explored whether maltreatment by patients actually results in psychological symptoms in physicians, specifically posttraumatic stress disorder (PTSD).

In this study, we examined among primary care physicians the 12-month prevalence of several patient maltreatment behaviors. Unlike previous U.S. studies, we accessed a primary care sample; in addition, we assessed the psychological impact of patient maltreatment by using a screening measure for PTSD.

METHOD

Participants were 44 male and 17 female primary care physicians who are members of a hospital-owned practice group. All participants provide predominantly outpatient care in suburban group practices located in a midsized, Midwestern city. There were no exclusions with regard to age. The sample ranged in age from 28 to 62 years (mean = 45.02, SD = 7.47), and individuals had been in practice for 1 to 38 years (mean = 14.33, SD = 8.13). A large majority (91.8%, N = 56) reported being born and receiving their medical degree in the United States. Most respondents identified themselves as internal medicine (29.5%, N = 18) or family practice (65.6%, N = 40) physicians. The response rate was 54.0% (61/113). The study was conducted from November 2005 to March 2006.

We mailed each physician a 2-page survey as well as a metered and addressed return envelope. Following an introduction to the project, the author-developed survey (available upon request) queried participants about demographic information (i.e., age, sex, birthplace, allopathic versus osteopathic training, U.S.–born versus not), years in clinical practice since residency, and medical specialty (i.e., family medicine, internal medicine). Following the demographic inquiry, through 26 items, we queried participants about patient verbal abuse, physical intimidation, and physical assault; engagement of police protection; and legal charges against patients. The survey concluded with a 4-item screen for PTSD (the Primary Care PTSD Screen[10]) to determine if maltreatment actually resulted in psychiatric symptoms; according to the authors of this measure, the endorsement of 3 or more items is highly suggestive of PTSD.[10]

RESULTS

Rates of endorsement for each of the 26 items exploring physician maltreatment by patients varied widely (Table 1). Only 2 items were endorsed by a majority of respondents: "verbal bullying to write a prescription" and "cussed out your office staff." In addition, 41% acknowledged the need for security or the police to remove a patient from their office.

With regard to the PTSD screen, 4.9% (N = 3) of respondents indicated having had nightmares about a patient incident, 9.8% (N = 6) reported trying to avoid thinking about the incident, and 4.9% (N = 3) reported being constantly on guard, watchful, or easily startled as a result. None of the respondents reported feeling numb or detached or missing work as a result of patient bullying or harassment. Only 1 respondent (1.6%) endorsed the necessary 3 items for a diagnosis of PTSD.

In addition, 8.2% of respondents reported that their practice styles had been affected during the previous 12 months. Explanations included "increased background checks on suspicious or abusive patients, increased numbers of policies/procedures to deal with inappropriate behavior"; "I am drafting a letter to patients explaining our policies/procedures and expectations of their behavior"; "cautious, thorough documentation of boundaries"; "more setting limits with patients, and not allowing patients between me and the door"; and "we lock the door between the waiting room and our back office to limit access to all but scheduled patients."

Only 4 respondents added comments in the blank space at the end of the survey. One female physician referred to experiencing more sexual harassment from patients than bullying per se. One physician noted that patient bullying tended to occur most often in narcotic-seeking patients. The remaining 2 respondents noted that verbal harassment seemed to occur much more frequently toward front office staff than toward the physicians and to be more common lately than in years past.

Table 1. Rates of Endorsement Among 61 Primary Care Physicians for Each Type of Physician Maltreatment by Patients

Item	N (%)
Verbally bullied to write a prescription	37 (60.7)
Verbally bullied to make a referral	16 (26.2)
Verbally bullied to fill out a form	28 (45.9)
Verbally bullied when setting limits on a patient	21 (34.4)
Verbally bullied when confronting a patient	15 (24.6)
Made a verbal threat toward you	6 (9.8)
Cussed you out	20 (32.8)
Walked out in anger before the appointment was finished	23 (37.7)
Assumed an intimidating physical posture to threaten you	12 (19.7)
Shook a fist at you in anger	2 (3.3)
Made a threat to physically harm you	1 (1.6)
Physically assaulted you	0 (0.0)
Tried to bully you by proxy (eg, via an administrator)	26 (42.6)
Made a verbal threat to your office staff	26 (42.6)
Cussed out your office staff	52 (85.2)
Assumed an intimidating posture to threaten your office staff	24 (39.3)
Shook a fist at your office staff	9 (14.8)
Made a threat to physically harm your office staff	3 (4.9)
Physically assaulted your office staff	0 (0.0)
Had to call police or security to have a patient removed from your office	25 (41.0)
Concerned about being followed home by an angry patient	16 (26.2)
Had a family member threatened by a patient	2 (3.3)
Experienced property damage by an angry patient	1 (1.6)
Had an article of clothing damaged by an angry patient	1 (1.6)
Pressed legal charges against a patient for property damage	1 (1.6)
Pressed legal charges against a patient for physical assault	0 (0.0)

CONCLUSION

This study has a number of potential limitations including the small sample size, the inherent difficulties with participant recollection, the response rate, suburban versus urban differences, participants' interpretation of

the word "bullying," and physician and patient gender effects on bullying. However, to our knowledge, this is the only U.S. study of nonpsychiatric physicians and patient bullying. It is clear from these data that, in primary care settings, many physicians as well as staff experience patient bullying and maltreatment. Despite their exposure to abusive behaviors by patients, few physicians develop PTSD symptoms in the aftermath. However, it is evident that several physicians have modified their practice patterns to include methods for dealing with patient abuse. Future research might explore patient bullying in larger samples, physician gender effects, and/or U.S. versus foreign-born effects—our sample was too small to effectively analyze these mediators. In addition, there is no available research to determine whether patient bullying of physicians is unchanged, in recession, or on the increase. Only future research will clarify these intriguing issues.

REFERENCES

1. Cook DJ, Liutkus JF, Risdon CL, et al. Residents' experiences of abuse, discrimination and sexual harassment during residency training. McMaster University Residency Training Programs. CMAJ 1996;154:1657–1665
2. Coverdale J, Gale C, Weeks S, et al. A survey of threats and violent acts by patients against training physicians. Med Educ 2001;35:154–159
3. Sansone RA, Taylor SB, Gaither GA. Patient assaults on psychiatry residents: results of a national survey. Traumatol 2002;8:211–214
4. Stewart DE, Ahmad F, Cheung AM, et al. Women physicians and stress. J Womens Health Gend Based Med 2000;9:185–190
5. Cook DJ, Griffith LE, Cohen M, et al. Discrimination and abuse experienced by general internists in Canada. J Gen Intern Med 1995;10:565–572
6. Dubin WR, Wilson SJ, Mercer C. Assaults against psychiatrists in outpatient settings. J Clin Psychiatry 1988;49:338–345
7. Madden DJ, Lion JR, Penna MW. Assaults on psychiatrists by patients. Am J Psychiatry 1976;133:422–425
8. Al-Zayed AH, Jammah AA, Al-Nozha M. Physical assault on a medical resident. Saudi Med J 2003;24:895–897
9. Wells F. Assault on a GP [letter]. Br Med J 1987;294:900
10. Prins A, Ouimette P, Kimerling R, et al. The Primary Care PTSD Screen (PC-PTSD): development and operating characteristics. Prim Care Psychiatry 2004;9:9–14