



Treating Trauma Survivors: Physicians' Perspectives



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Introduction

- Physicians may classify patients who are trauma survivors as “difficult patients,” and feel frustrated and overwhelmed when interacting with them¹
- Physicians do not often discuss their patients’ trauma histories due to the complexity and their discomfort with the topic¹
- Physicians express a lack of time and a lack of training when treating trauma survivors²

Research Questions

- What are the common characteristics of positive and negative interactions for physicians with their patients who are trauma survivors?
- What are the difficult aspects of talking to patients who have a history of trauma for physicians?
- What would physicians find helpful in dealing with trauma survivors?

Methods

- Telephone interviews with physicians currently working or training in Saskatchewan, Canada.
 - Healthcare Experiences Interview³
 - Digitally audio recorded
- Questionnaire included
 - Demographic information
 - Information about physicians’ practice or training
- Qualitative analysis: Thematic analysis
- 2 analysts (S.K. and M.R.)

Results

Table 1. Participant demographics.

| Factor | Mean (Range) or Number |
|------------------------|------------------------|
| Sample | 18 |
| Practicing physician | 9 |
| Medical resident | 9 |
| Age | 44 (27-65) |
| Gender (Female) | 11 |
| Ethnicity | |
| Asian/Pacific Islander | 12 |
| White/Caucasian | 5 |
| Specialization | |
| Family medicine | 11 |
| Internal medicine | 7 |
| Practice setting | |
| Urban | 16 |
| Rural | 2 |

ABSTRACT

The epidemiology of trauma is complex; trauma survivors may develop multiple medical and psychological problems. Past research has shown that trauma survivors are reluctant to seek services for issues related to psychological concerns, but many seek medical attention for their physical symptoms precipitating from their traumatic experiences. When trauma survivors do seek services, they have mistrust towards physicians. Research on physicians’ perspectives has demonstrated that physicians do not feel comfortable addressing their patients’ traumatic past because of the complexity of trauma, inadequate training and insufficient resources. The current study examined professional experiences of physicians who have treated trauma survivors by individually interviewing 18 physicians in Canada. Results showed physicians have both positive and negative experiences with patients who have a history of trauma. The main themes related to positive experiences were their ability to help their patients, the importance of developing a trusting relationship with their patients, and having enough time. The main themes related to negative experiences were patients’ lack of help-seeking behaviors, compliance and trust, and insufficient time and resources. Findings from this study have implications for policy changes in patient care and healthcare administration.

Conclusions/Implications

- In addition to physicians’ understanding and compassion, there needs to be trust, connection, and collaboration between patients and physicians in order for the patients to disclose sensitive information, and to accept and comply with treatment plans
- Physicians expressed discomfort, uncertainty, and being inadequately prepared to treat trauma survivors—all of which may be addressed by having more education and experience in treating this patient population
- Highlights the importance of trust, connection and power in doctor-patient relationship for physicians treating patients who are trauma survivors
- Informs more resources (i.e. more time, education, and experience) are needed for physicians to feel they can adequately treat and care for patients with past trauma

Limitations

- Results may not generalize to a population outside of Saskatchewan, Canada
- All data were collected before the start of analysis

Results

Physician’s approach, understanding, and compassion

Positive Experiences

Trust
Connection
Collaboration

Patient was compliant
accessed resources
opens up

Patient satisfied
Patient health improved
Patient relieved
Physician is hopeful and satisfied

Negative Experiences

Distrust
No connection
Power difference

Patient was non-compliant
refused help
shuts off

Patient feels angry
No patient health improvements
Physician feels frustrated and helpless

Difficulties

Physician

- Sensitivity to patients’ problems
- Cannot relate to patients
- Preparedness
- Uncertainty

Patient

- Reluctance to accept treatment
- Difficult to connect with
- Expectations
- Negative reaction
- Non-communicative
- Trust
- Comorbid factors
- Denial
- Avoidance
- Cultural factors
- Psychosomatic symptoms

What is helpful

Physician

- Appropriate treatment
- More time
- More education and experience
- Understanding

Patient

- Trusting relationship
- Communication to supportive person

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