



# 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 them<sup>1</sup>
- Physicians do not often discuss their patients’ trauma histories due to the complexity and their discomfort with the topic<sup>1</sup>
- Physicians express a lack of time and a lack of training when treating trauma survivors<sup>2</sup>

### 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 Interview<sup>3</sup>
  - 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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