Difficult and unlikeable parents

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Abstract

Children of parents who are perceived as difficult or unlikeable are at risk of receiving less good medical care. Therefore a postal questionnaire was sent to 100 hospital doctors dealing with children asking which features made them consider a parent to be difficult or unlikeable. Seventy eight responded.

Most problems arose from parents who displayed aggression, disparagement of their child, unacknowledged anxiety, or fixed ideas about the medical condition and its management. Other unpopular parental features were poor compliance, failure to listen, and the attendance of more than one accompanying adult.

Respondents graded 16 features in order of their detrimental effect on the child's care. A major factor was if the child had a condition for which the doctor could offer no treatment; less important was the fact that the child might have a condition not understood by the doctor. Parents originating from the Indian subcontinent posed additional problems, in particular the common unavailability of interpreters.

Doctors of all grades understood why parents behaved in awkward ways, but lacked strategies for dealing with them. A similar survey of nurses and therapists produced a poor response (51% returns). Only the most senior acknowledged that some parents were difficult or unlikeable and that, as a consequence, the child's care might be affected. Nurses acknowledged difficulty with parents who were violent or who abused their children physically.

A pilot survey of 25 doctors who worked in a hospital to which children were admitted showed that all the doctors considered that a child's health care was likely to be worse if the parents were perceived as 'difficult' or 'unlikeable'. House officers were likely to spend less time with the parents and to see less of the child when such parents were present. Registrars and consultants were likely to spend less time with the family at outpatient clinics and were less likely to make follow up appointments for the child. Most doctors believed that the health service for children, and the help for the individual child, would be less effective and that compliance would be poorer (in the same way that studies have shown that compliance is poorer when the patient perceives the doctor as difficult or unlikeable).

Therefore a survey was undertaken of 200

medical and nursing staff to identify the factors which caused them to regard the parents of a child patient as difficult or unlikeable.

Method

A questionnaire was sent, together with an explanatory letter, to 100 doctors working in the four different hospitals in Leeds to which children were referred as both outpatients and inpatients. The questionnaire sought initial details of the grade of the doctor, sex, length of experience after qualification, and the proportion of the doctor's patients who were aged under 16 years of age. The doctors were allowed to remain anonymous if they wished (which few did). In addition the doctor was asked to specify if he or she had specific paediatric qualifications such as the Diploma in Child Health or the MRCP (Paediatrics).

The key question on the form was: 'Which features cause you to feel that a parent, of a child, is difficult or unlikeable (in the context of your consultation or work)?' The second section of the questionnaire asked the respondent to signify whether certain 'general features' of a parent tended to make him/her regard that parent as difficult or unlikeable. The respondent could choose between 'No effect', 'Slightly', or 'Definitely'; 13 sociodemographic features were listed (see table 1).

Two additional questions related to the child's illness: the respondent being asked if the parent seemed more difficult or unlikeable firstly 'If the child has a condition I do not understand' and secondly 'If the child has a condition for which I can offer no definite treatment'.

A similar questionnaire was sent to 100 nurses and therapists in the same hospitals as the doctors.

Results

Forms that were fully completed and returned came from 78 doctors, of whom 32 were consultants. Table 2 shows that over half of the

Table 1 Sociodemographic features

Female
Male
Much older than myself
Much younger than myself
Much wealthier than myself
Much poorer than myself
Much cleverer than myself
Much less clever
Of white English origin
A northerner
A southerner
Of West Indian origin
Of Indian subcontinent origin

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Table 2 The medical grade of the 78 responding doctors and the proportion of their patients who were children

Proportion of patients <16 years of age (%)	Doctor's grade		
	Consultant	Registrar	Senior house officer
>90	17	15	12
40-90	0	0	0
<40	15	10	9
Total	32	25	21

respondents worked all, or nearly all, of their time with children—they were mainly paediatricians but included a small number of child psychiatrists and paediatric surgeons. Those for whom children comprised a minority of their patients included dermatologists, ear, nose, and throat and orthopaedic surgeons, and accident and emergency doctors.

WHICH FEATURES CAUSE YOU TO FEEL THAT A PARENT, OF A CHILD, IS DIFFICULT OR UNLIKEABLE (IN THE CONTEXT OF YOUR CONSULTATION OR WORK)?

Most respondents mentioned at least three or four features, often giving specific examples. Nearly all of the features mentioned can be fitted into one of the nine headings listed below. Explanation of these headings, together with examples, are given.

(1) Aggression

It was rare for doctors to feel threatened physically by parents, but the majority resented parents who were combative or blaming in their approach to the doctor. An example given was when the doctor welcomes the patient saying 'Hello, what's the matter, how can I help you?' and the parent responds 'You're the doctor—you tell us'. Doctors complained about 'Parents who make it clear that they regard doctors as people who are more likely to do harm than good' and about 'Parents who give you the impression that it is your fault that the child is unwell' and keep stating 'Something must be done'.

(2) Disparagement of the child

Many doctors were influenced adversely by parents who spoke disparagingly of the child in the child's presence. This ranged from parents, of children who wet their beds, who referred to their children as being 'lazy and smelly', to those who spoke of their child as being 'evil and just like his father'.

(3) Pressure for priority

Examples of this unwelcome behaviour by parents came mainly from surgeons. Typical is the comment of one, 'One of our major problems is the parent who wishes the child to have the operation in such a way that no time is lost from school, and that plans for holidays, birthday parties, school trips or the Tuesday evening Brownie meeting should not be upset. This type of parent is never off the phone, changes appointments at very short notice, cancels admission dates and yet still expects priority treatment; an impossible situation of impasse arises resulting in deferment of treatment to the child's detriment'. Respondents were sympathetic to parents who had a child with a serious condition who pleaded for priority treatment, but were adversely affected by parents who pleaded for priority when, from the doctor's viewpoint, no case for priority existed.

(4) Non-listening/poor compliance

Most doctors seemed to feel that, when they had spent time listening carefully to the parent's story of the child's problems and had been asked a lot of questions, the parent ought to be willing to listen to what the doctor had to say: 'I can't stand those mothers who continued to ask a lot of questions, one after the other, and yet never wait for a single answer'. Another doctor resented 'Parents who demand regular prolonged consultations, but persistently fail to act on the advice given'. A surgeon cited 'Parents who do not follow the advice offered at a previous consultation, and are unhappy with the results of the treatment, which was not followed'. Poor compliance with treatment was a feature that was frequently mentioned as causing a doctor to view a parent as difficult or unlikeable.

(5) Fixed ideas

'When parents' expectations are for a particular test or a particular treatment, and what I have on offer is a little better understanding and some management strategies which may or may not help'. Another paediatrician found parents difficult 'Who come to clinic certain that they know the cause of the problem, and refuse to consider other suggestions even after what seems to be a reasonable discussion and explanation'. Several doctors mentioned the scientific gulf between medical knowledge about disease and the cultural and neighbourhood beliefs for the cause of illness, leading to irrational and unproved treatments, and the inability of many parents to realise that treatments based on controlled trials or lengthy experience had increased validity.

(6) Unacknowledged anxiety

This linked with many of the other features mentioned. Doctors seemed to be more sympathetic to parents who expressed their feelings and worries than those who disguised them. One doctor recounted a consultation in which a nephrectomy was advised for a 6 year old girl. She had come to the clinic dressed in nurse's uniform, clutching a toy medical set, and was absolutely delighted by the ambience of the hospital and was hoping to have a chance to stay in the hospital. During the discussion about future surgery, the mother went into a detailed explanation about it not being possible because 'Jennifer would be so worried about being in hospital'. Doctors often had problems dealing with families where 'It is apparent that much of the problem is due to abnormal parental anxiety, but I am not able to communicate this successfully to the parents'.

(7) Accompanying friends and relatives

Doctors found it easiest to like a parent who came alone with the child, rather than one who came with a spouse, a grandmother, or a friend (termed as 'hangers on', by one paediatrician). Grandmothers were cited as being particularly irritating when they did not allow the mother to give the history or answer questions and if they

were forever interrupting or trying to take possession of the child. Most of the paediatricians were more comfortable talking with one parent than trying to conduct a session with a family. It was not clear whether they felt threatened by the family or whether they were confused and unsure whom to address.

(8) Doctors' families

These were mentioned less than some might have expected. A few doctors mentioned the particular complexity of dealing with colleagues' children, but the additional difficulties of dealing with such families were balanced by the doctor feeling flattered at being selected by a colleague to help with their child.

(9) Specific terms of speech

Many doctors were irritated by specific phrases or expressions that parents used about their children. The expressions that irritated were mainly ones that involved over indulgence and a sort of 'kiddie' speak involving over use of 'tiny' and 'little' as well as pretty euphemisms for the genitalia. (I was reminded of Richard Asher quoting a mother: 'He draws up his little legs, doctor, and his little face is all screwed up when he passes his little motion'.¹)

ANALYSIS OF GENERAL FEATURES

The responses were analysed in relation to the grade, sex, experience, and qualification of the responding doctor. The numbers did not allow significant differences to emerge according to the sex or qualification of the doctor or to the proportion of the doctor's patients who were children. There were some differences according to the grade and experience of the doctor and for the purpose of presentation the senior house officers and registrars are grouped together as 'juniors' to compare their responses with those of the consultants. Less than 20% of either consultants or junior doctors were influenced significantly by the following parental features: sex, origin from the north of England (where Leeds is situated) or from the south, or whether the parent was much older or younger than the doctor. The fact that the parent was much poorer than the doctor did not make that parent more difficult or unlikeable for most doctors. Hardly any doctor admitted to any of the features making a parent 'definitely more difficult', but nearly all indicated one or more factors that made a parent seem 'slightly more difficult and unlikeable' (table 3). Indian referred to parents originating from the Indian sub-continent who, in Leeds, come mainly from Pakistan, though there are substantial numbers of Indian and Bangladeshi families also. Most doctors made clear that the reason why they found such parents difficult or unlikeable was because of communication problems primarily resulting from lack of interpreters. The different cultural beliefs and lifestyle posed lesser problems. The West Indian community, who have been living in Leeds for many years, mainly originated from St Kitts. The West

Table 3 Proportion (%) of senior doctors (consultants) and junior doctors (registrars and senior house officers) who found a particular parental characteristic difficult or unlikeable

	Consultants (n=32)	Juniors (n=46)
Indian	67	46
Much less clever	47	46
Much more clever	43	60
West Indian	40	28
Much wealthier	37	49
Older:younger	Less than 20	
North:south		
Male:female		
Poorer		

Table 4 Percentage of doctors who found a parent more difficult or unlikeable 'if the child has a condition I do not understand' and 'if the child has a condition for which I can offer no definite treatment'

Nature of child's condition	Consultant (n=32)	Juniors (n=46)
Not understood	63	83
No definite treatment	77	44

Indian parents posed no problem with regards to language but several doctors indicated the difficulty they had in coping with the 'laid back attitude' of some parents and what seemed to the doctor as erratic and casual keeping of appointments. It is relevant that over 90% of the doctors were white and that none were black.

THE CHILD'S CONDITION

Doctors of all grades found the parent more difficult or unlikeable if the child had a condition which the doctor did not understand (table 4). Juniors found this significantly more upsetting than consultants ($p<0.05$). Whereas 'If the child has a condition for which I can offer no treatment' significantly more consultants were upset than junior doctors ($p<0.05$).

ADDITIONAL RESPONSES

Several doctors took the opportunity to write explaining their responses, and several suggested other inquiries that ought to be made in relation to the quality of doctor-family consultations. One junior doctor wrote 'It is usually the circumstances that surround a particular consultation that make it difficult for me to deal optimally with parents. Particularly [if I am] feeling ill, [with] headaches and colds, lack of sleep, or hungry'. Another paediatric registrar summed up the feeling that several expressed 'Finally I try to remember that while I am not going to like every parent that I meet, not all of them are going to like me'.

THE NURSES' AND THERAPISTS' QUESTIONNAIRE

Their questionnaire was identical to that of the doctors apart from having an additional initial question: 'If the parents are difficult or unlikeable the health care received by the child is likely to be (1) unaffected, (2) slightly less good, (3) considerably less good'.

The response rate was poor—51 completed questionnaires out of 100. It became apparent that part of this poor response was because, in

some departments, the senior nurse considered the questionnaire improper and encouraged the staff to disregard it. The length and quality of the responses were also disappointing in that very few of the nurses took the opportunity to write lengthy comments in the way that had been hoped (and as the doctors had). Even though the nurses were encouraged to remain anonymous, many gave the impression that they were trying to give an acceptable answer rather than express their personal feelings. Thus, of 36 responding nurses, only six thought that the care received by the child was likely to be affected by a parent being difficult or unlikeable. That response was countered by a senior children's trained nurse with over 20 years experience who wrote 'If a parent is aggressive or over-critical, no matter what the reason, it puts the nurse on the defensive and thus reluctant to involve him/herself with the family. It is something one learns to cope with and I do not find it a big problem now, due to my lengthy experience, so I hope that it makes my care of the child only slightly less good. More junior nursing staff, however, do not cope well under that sort of pressure and avoid the child if the parents are around'. Few of the nurses indicated that any of the general features made them consider the parents difficult or unlikeable. When asked specifically what features made a parent difficult or unlikeable, several did respond mentioning the following factors:

(1) Aggressive and violent. Several nurses felt physically threatened by abusive, aggressive and, sometimes, drunk parents particularly when on duty alone at night.

(2) Child abusers.

(3) Parents who demanded preference and who were inconsiderate of other children on the ward.

Responses came from 15 therapists (dietitians, physiotherapists, occupational therapists). All except three considered that the child's care was less good if the parents seemed difficult or unlikeable. Their list of specific problems causing them to regard a parent as difficult or unlikeable was similar to that of the doctors, though they were rather more irritated by parents who failed to keep appointments or who failed to comply with treatment.

Discussion

There have been many investigations of patient satisfaction with health services and with encounters with doctors.²⁻⁷ Several have demonstrated the need of patients for both technical excellence and doctors whose personalities are sympathetic and helpful.⁵⁻⁷ In the last 20 years there has been a trend for patients to seek a sympathetic listening doctor and to be less satisfied by doctors with a more didactic approach.^{8,9} The surveys are a reminder that the practice of medicine is an art as well as a technical exercise. Recent investigations confirm that the patient's satisfaction is closely related to the patient's perception of the outcome of the medical encounter and the degree to which that outcome matches up to their initial expectations of the consultation.¹⁰ A common reason for

anger in the doctor-patient relationship is disappointment of expectation.¹¹

There have been far fewer surveys of the doctor's perception of the clinical encounter despite most doctors acknowledging that they are influenced by the character of the patient and the patient's family. Those dealing with children are aware that they are influenced by the child's parents and acknowledge that the care is likely to be less good if the parents seem to them difficult, unlikeable, or irritating.¹²

In this survey nearly 80% of doctors responded to a postal questionnaire, and did so at length. That is heartening because, though most doctors treating children try hard, on behalf of the child, to provide optimal treatment regardless of interfering factors, they are far more likely to achieve that even handed approach if they acknowledge that certain parents do make it difficult for them to provide optimal treatment. Moreover, acknowledging that difficulties do arise for doctors, as well as patients, in consultations can be a starting point for post-graduate education, problem solving, and better training.¹³

It is worrying that the response rate from nurses was poor and that so few acknowledged that parents could be difficult or unlikeable and that those qualities might make a child's medical care less good. The limited response from nurses may have resulted from several factors. A minority of senior nurses adopted a discouraging attitude to the questionnaire, which led to poor response and apparent lack of candour from their staff. Other nurses were encouraged to complete the questionnaire by their seniors, but it may be that being less used to research questionnaires, tending to be younger and more junior than the doctors, some find that the only way to cope with difficult families is to pretend that none are difficult or unlikeable. Those concerned with training are more likely to feel that the starting point for better relationships is to acknowledge problems and work out ways of coping with them.

The features which caused the hospital doctors to feel that a parent was difficult or unlikeable will be familiar to most doctors. Several of the characteristics were similar to those that have been said to cause adult patients to seem 'hateful'.¹⁴ Aggressive combative parents were unpopular, but few doctors felt physically threatened by them. In contrast the nurses were worried by the prospect of physical violence and, bearing in mind the lonely responsibilities of many young nurses late at night in hospital, it is an understandable fear.

Parents who harmed their child were mentioned by both doctors and nurses. To the doctors it was usually verbal, emotional cruelty that they resented; none mentioned parents who had physically or sexually abused their children. In contrast many nurses did find parents who had physically abused their children unlikeable. The doctors were conscious also that the parent's negative attitude to their child sabotaged any suggested management regimen.

The fact that so many doctors complained about persons other than a parent accompanying the child to a consultation is worrying. In the

last 20 years there has been a steady increase in the number of people accompanying a child to, for instance, an outpatient clinic. Formerly it was nearly always the mother with the child. Now it is commonly both parents and, quite often, a grandparent as well. On other occasions a parent comes with a friend or relative for support. They do so because they are concerned for the child, or because a single parent is apprehensive of the hospital and the consultation and needs a relative or friend for support. Yet most doctors do not find dealing with more than one parent easy. (Even Illingworth, with his considerable wisdom and clinical experience, found grandmothers irritating.¹⁵) A cynic might argue that the doctor prefers to be in a powerful position and does not like being outnumbered; more likely is simply the problem of knowing with whom to talk when there are two or three people representing the child. Whose eyes does one look at, to whom does one ask the questions?

Child psychiatrists and some other therapists are skilled at group communication and family therapy, but most other doctors dealing with children do not cope well with more than one relative at a time. Clearly those with the skills to deal with groups need to pass on those skills to those of us without them.

Junior doctors were more upset if the child had a condition they did not understand than were the senior doctors. (Perhaps consultants are more accustomed to failing to arrive at a diagnosis.) But three quarters of the consultants perceived the parent as more difficult or unlikeable 'If the child has a condition for which I can offer no definite treatment'. This illustrates one of the ways in which doctors work, particularly at outpatient clinics. The doctor is most comfortable if he or she can perform a particular investigation or prescribe a particular treatment. It is a way of concluding a consultation and a way of making themselves, and hopefully the patient, feel that something definite is being done. That so many doctors, when they cannot provide a diagnosis for the child or offer a specific management regimen, see the parent as difficult or unlikeable is partly explained by that group of parents also tending to be combative and blaming (perhaps because of past disappointments with other consultations). It is unfortunate that many adult patients, and parents of child patients, who have chronic problems or unsolvable symptoms spend much time blaming others, particularly doctors, for their unpleasant symptoms. Doctors, for their part, respond poorly to blame and the patient tends to receive worse treatment. However, it must be acknowledged that some doctors, when they cannot diagnose what is the matter with the child nor suggest a management regimen, transfer the child's problem onto the parent and perceive the parent as being partly responsible—and slightly irritating and unlikeable. Several of the doctors had mentioned, in the first part of the questionnaire, their difficulty in dealing with parents when all they had to offer was sympathy and explanation (because there was no further useful investigation to do and no quick effective treatment). It highlights the

need for doctors of all grades to have better education in helping people with chronic disorders and unsolvable problems.

The respondents picked out several factors from 13 general features that tended to make them regard a parent as difficult or unlikeable. The result lent some support to the assumption that families whose race, culture, and socio-economic status is different from that of the doctor's may be more vulnerable to bias and poor care.¹⁶ However, it should be stressed that few doctors signified any factor as making the parent 'definitely' more difficult or unlikeable. Nearly all the responses were 'slightly'. It is sad that parents from the Indian subcontinent should be mentioned by two thirds of the consultants and nearly half of the juniors. It is even sadder that the reason given by the doctors for that opinion was mainly concerned with communication problems, many of which could be solved by satisfactory translation services. When, in so many of our health districts, a high proportion of child patients are Asian and have parents with limited English, it is scandalous that translator services are so limited. In developed countries such as ours a diagnosis of a child's illness is primarily from the history rather than the examination; young children cannot provide their own history and it is essential for the doctor dealing with them to be able to communicate with a parent. Many of the parents cannot speak English nor organise themselves to arrive at hospital with someone who can translate for them. Too many hospitals have skeleton, voluntary translator services which may not be available even at peak outpatient clinic times, and which are absent when children are admitted as emergencies, usually in the evenings.

Nearly half of all doctors signified 'much less clever' as an unlikeable parental characteristic, usually linking it with the ensuing communication difficulties. The 'much more clever' parents who were difficult, were deemed so usually because of pressing for priority treatment and for more than their share of health service time. Few doctors were adversely influenced by parents who were considerably older or younger themselves. The myth that male paediatricians provide the best service for children who have attractive mothers was not supported (nor was it in the survey of primary care paediatricians in the USA, where a great many maternal characteristics, including safety consciousness, came well ahead of the mother's appearance or nature¹²).

Most doctors, unlike nurses, were prepared to write at length about the features that made parents seem difficult or unlikeable. Several expressed their misgivings, and sometimes guilt, about their prejudices. However, it was good that the doctors acknowledged them, and perhaps we should ask ourselves whether it is realistic to expect to feel that we have to like all our patients and their families. We do need strategies for coping with our own emotions and feelings and, in particular, with those parents who seem to be difficult and unlikeable not only to us but to their spouse, their neighbours, and the rest of society. Most of us feel inadequate when con-

fronted by such a belligerent mother of a violent disruptive child. Perhaps we need to acknowledge that she probably knows that everyone, including the neighbours and doctors, dislike her. There may be ways forward by saying 'I suppose you must feel persecuted as a result of Thomas's behaviour' and by finding if there is anything in life which is not too awful; 'Can you think of *any* good thing Tom does', or in the parents' relationship 'Is there *anything* that you are able to talk about or do together'? Those of us who feel inadequate with belligerent unlikeable parents perhaps should feel grateful for what they do give us, and what they are showing by taking the time and the trouble to bring their child to us for a consultation, even if they are complaining and obstructive and non-complying: they have brought their child and themselves to the clinic. Nevertheless most of us will continue to have difficulty finding ways of dealing with our feelings about some parents of child patients. We wish to do the best for the child and know that our feelings, at times, interfere with that. It is likely that child psychiatrists, family therapists, and other colleagues can contribute, during in-service training, to enable all grades of medical staff to achieve better understanding and better approaches to difficult and unlikeable people. The subject should be discussed and not avoided.

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