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The Difficult Patient: A Qualitative Investigation Exploring the ″Labels″ set by Hospital Nurses

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Ο Δύσκολος Ασθενής: Μια Ποιοτική Εξερεύνηση για τις «Ετικέτες» που θέτουν οι Νοσηλευτές

Περίληψη στο τέλος του κειμένου

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Introduction: **Sometimes nurses have to deal with patients with a variety of reactions, including defensiveness, anger, fear, demandingness, hysteria and other behaviors. Aim: This study aimed at exploring the concept of the «difficult patient» and to identify unfavorable factors that may obstruct routine clinical nursing delivery. Material and Method: A descriptive exploratory qualitative design was adopted and semi-structured interviews with a purposeful sample of 11 nurses. Results: Eight categories emerged and factors that lead nurses to characterize a patient as 'difficult;, including patient age, psychological state, disease severity, degree of disability, personality and behavior, visiting carers, working conditions and personal life of nurses. Nurses often label a patient as 'difficult' in terms of physical symptoms, mood, behavior and age. Conclusion: Nurses must realize that labeling patients is unprofessional and that often the 'difficult patient' is the one that may need us most.**

Key-words: *Humans, caregivers, personality, delivery of health care.*

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Introduction

Each disease has its peculiarities and influences in a unique way for each individual. A person's reactions to a diagnosis are multiple and affected by many factors, including the ones directly associated with the disease, its symptoms, illness time span and psychosocial issues involved.[1]

The need for hospitalization often creates feelings of anxiety, fear and stress which are not only related to the somatic problems faced by the individual. The interruption of everyday life and work, being away from family and social surroundings, and the new need to adapt to an unfamiliar environment in which he/she loses independence and becomes 'idle', can have profound psychological effects, sometimes aggravating the course of the disorder.[2,3] These patients may sometime be perceived as being 'a bit difficult'.

Over the years there have been various attempts to describe the concept of a 'difficult patient'. Early efforts to categorize patients according to features or characteristics that make them 'difficult' to care for were the 'dependent' who was also called the 'childish' patient, the demanding patient, the manipulative patient who would eventually reject help and the suicidal patient.[4]

Steinmentz & Tabenkin (2001)[5] created a descending order of 15 categories defining 'difficult patients' after surveying family physicians in the UK. The most notable features of their taxonomy included: violence, aggression, verbal abuse, multiple complaints, seeking secondary gain, manipulation, lying, extreme anxiety, being demanding and uncooperative.

Concepts of the 'difficult patient' vary from country and culture. It is noteworthy that in the Greek scenario displaying oppositional behavior towards HCPs is vastly considered to be a feature that classifies the patient as 'difficult'.[6,7] Thus, an equivalent taxonomy of 'difficult' features within a Southern Balkan scenario includes the following categories with short patient example descriptions:[8]

a. Oppositional-outsmarted: the patient that tries to challenge the HCPs' knowledge and questions their abilities and skills. Also, he/she seems to be distrustful of health care advice, relies heavily on 'health care gossip'.
b) clinging-dependent: possessed of strong insecurity, constantly overseeking attention and care by HCPs, leading both sides to an adverse hopeless relationship.
c. Demanding-hostile: wants to have full control on treatment, often seeking multiple medical advice, often claims he/she knows more than the doctor and asks for unnecessary treatments and tests.
d. Manipulative-dismissive: is usually a patient with a long-term disorder, constantly seeking treatment and assistance but often displays negative attitudes towards the therapeutic model.
e. Self-destructive-suicidal: a patient who categorically refuses treatment even if urgent, and seeks discharge from the hospital in every possible manner. Ultimately may attempt on his own life.

Furthermore, patients may be considered 'hard to treat' when they present with co morbidity of a psychiatric nature such as depression. The tendency to express psychological distress in physical symptoms, increases negativity and can be difficult to deal with. In some cases, age itself may be a factor for classifying a patient as 'difficult', since an elderly patient is perceived by some HCPs to be more difficult to manage. Similarly, a divorcee or a window/widower living alone may need special care and extra attention.[9,10]

Aim

The main purpose of this study is to investigate and explore the meaning of the 'difficult patient' through the views of nurses. Objectives include determining the qualities that define a patient as 'difficult', and describing the feelings of nurses when caring for a 'difficult patient'.

Material and Method

Design

A qualitative design was considered more appropriate for this study's aims as the authors were concerned with the personal in-depth views of nurses. Thus, a semi-structured personal interview design was chosen as it offers flexibility, immediacy and familiarity with the sample individuals. Also, this type of data collection and the consecutive qualitative analysis help to explore the phenomenon under investigation taking into account the sincere perspectives of the respondent. It is therefore a proxy recording of the experiential knowledge of the respondent with their deeply held views and perceptions. In this respect, the respondent does not play the role of the subject responding to a set of questions as in a quantitative survey design. Rather, data emanates from the discussion and the relationship of the respondent and the interviewer.

Setting and Participants

This qualitative study was carried out from November 2017 to February 2018. The interviews were conducted over a period of one month in order to explore the views of nurses on the concept of the 'difficult patient'. The sample of the survey was nurses from a general hospital in Thessaloniki, Northern Greece.

The target population of this study consisted of staff nurses working in general public hospitals in the city of Thessaloniki for the period of 2018–2019. A purposeful sampling design was employed whereby sample members would produce diversity of opinion and richness of data. Thus, there were 11 staff nurses (two male), with an age range of 26–55 years. This case mix was intended so that work experience coupled with the sample's age would reveal extended views of professionals on 'difficult patient' notion. Nurses working in operating theaters or

intensive care units were excluded because they constitute a particular sub-representative sample, as they work in closed departments and their communication with the patient is often limited. Also heads of departments were not included as they usually do not have direct contact with patients.

Interview content development

Before conducting the formal interviews, the interview schedule was presented to three HCPs from nursing education, hospital administration and the community in order to increase external validation of the question schedule. Following this, pilot interviews were conducted with three staff nurses in order to adjust the interview content and schedule and fine-tune the whole process. This also included identifying points that needed to be clarified and corrected, question extensions and record an average interview time.

A quiet room within the clinical setting was chosen for the interviews which, for practical convenience took place at the end of nursing shifts. The main concern was to create a relaxing and pleasant interview climate, so respondents could feel comfortable and interview would be perceived as a relaxed conversation. In this way it was more likely to record the genuine and unprejudiced ideas and opinions of respondents.

Interviews were recorded via a digital audio recorder after agreement and informed consent was obtained from the interviewees. Verbatim transcripts included the following information: gender, years of experience, the start and end timing of the interview. There were a total of 11 interviews with a total duration was 5 hours, with a range of 15–45 minutes. Before each interview, it was made clear to the interviewees that their personal and workplace details would be kept confidential.

Immediately after the end of each interview, transcripts were made of the audio tapes by carefully recording speech, slurs and hesitations. This conversion process of recorded speech to text was essential to prepare the material for analysis. Overall the time taken for the transcriptions was 10 hours. The 11 interviews produced a total of 240 pages. After the transcription process, all interviews were read carefully at least twice each. Then, all relevant and useful material was isolated in order to be included in the analysis. This stage was extremely important as it involved grouping of meanings and their thematic categorization.

Analysis

Thematic analysis was employed in order to move in from broad data reading towards discovering patterns and developing relevant themes. In this sense, thematic analysis is a simple form of categorizing qualitative data; the authors reviewed the collected data repeatedly, singled-out words, phrases or sentences that served as labelling codes for sections of data, thus sorting it into categories. This process produced eight main themes related to the 'difficult patient' label.

Results

Age

According to the interviews results, it seems that nurses form an image for the patient depending on his actual age, be the patient elderly or a child. A sweeping example quote from nurse E.F. states: "To me, difficult patients are children, teenagers and the elderly." It seems to be easier for this nurse to communicate with patients who are peers.

In contrast to the above statement, nurse P.P., from a urological clinic, declares that "children are more cooperative and pleasant". Yet, the 'difficult patient' to both nurses above is the elderly patient because they "have trouble communicating with him". PP points out: "I am uncomfortable communicating with the elderly...children, when explained what to do are more cooperative".

Judging from the above points, it may be argued that age alone is a judgmental criteria held by nurses for their patients, whereby some choose to work with children while others believe that older patients are more cooperative. Yet, there are those who think that older people are more "grumpy" and therefore more difficult to care for.

Psychiatric patient

The majority of the nurses interviewed, found that 'difficult' is the patient with psychiatric co morbidity. Nurse V.K. working in the Outpatient Department said that "Particularly difficult is the patient who has mental problems because a medical condition is treated much more easily. For example when the patient is in pain, we can simply give a painkiller… When depressed…I don't know…".

Consistent is also the view of nurse I.D. in the Ophthalmology Ward who supports that: "A patient may not be initially present with psychiatric problems but these may appear in the later course of hospitalization and that is difficult to deal with". Similarly, nurse M.M. in the Surgical

Ward stated: "A patient may goes into a hospital in a positive sate of mind, but due to a complication of surgery for example, may change to become 'difficult' immediately, often creating further problems". Furthermore, she declares that there is a distinct difference between dealing with an already existing problem and those acquired during the course of treatment, including psychosomatic symptomatology. Nurse F.P. also from a Surgical Ward, says the psychiatric patient is clearly the most difficult case, as "…for the soul there is no medicine".

In gynecological clinic meet the terms worker nurse A.G, which states that the psychiatric patient and psychiatric departments in general is difficult. He says that "… the illness onto the patient, puts all its negative sides, is sick and who make and the good sides of their character, but most earn their bad side...".

Furthermore, nurse M.M., reflecting on her shift work, commented that was better to leave a shift physically exhausted than mentally stressed.

Difficult working conditions

Many times a nurse may present with an impaired conduct towards a patient due to her/his own personal circumstances. Although this is unprofessional and unethical it nevertheless is an unfortunate clinical area reality. However, surgical nurse M.M. says that: "Nurses are to treat patients' problems; it is unacceptable for it to be the other way round. That is, a professional cannot behave badly to his 'difficult' patients".

Austerity measures and marked lack of materials is another readily available 'excuse' for bringing 'difficulty' into the patient-nurse relationship. That is, when there are not all the necessary materials and equipment readily available, the nursing process may not follow due order and correctness. This may in turn expose the nurse to greater patient complaints and dissatisfaction, giving the impression that the patient is 'difficult' rather than the circumstances. As nurse P.P. stated "…practical shortcomings and poor organization play an important role in frustrating the nurse and consequently, everything and everybody becomes 'difficult'…".

Nurse I.D. also stated that a heavy workload and lack of nursing staff aggravate the situation further as "the requirements on nurses exceed human limits when no other staff is available". In agreement with this, nurse D.C. from the Gynecological Ward commented that: 'The quality of a nurse's work is directly affected by the lack of healthcare workers'. Whereas, 'solidarity, understanding and cooperation among colleagues creates the right climate in the ward and fewer difficult patients'.

Difficult relatives

In contemporary Greece, the patient is often accompanied throughout admission by extended family and friends. Their mere presence may persist well outside visiting hours and can have both positive and negative effects on the course of medical and nursing processes. The majority of the interviewees found such presence negative. A 'demanding attendant' could negatively influence the mood of the nurse. In these lines, nurse I.D. admitted to be negatively affected by relatives and projected this on the patient, but admitted this to be wrong. He even pointed out: 'I am affected by relatives but should not be and try not to blame the patient. I try to remove the relative from the ward and deal with the sick, not the escort'.

For nurse E.T., Medical Ward, relatives are a difficult part of her work. She would prefer, to work in an enclosed department, such as ICU, as she would then not have contact with family attendants.

In contrast, nurse M.Z. considers the presence of family beneficial and therefore the patient less 'difficult' to care for. She pointed out that: '…if a patient cannot communication but has a companion, he will tell you, if he is warm enough or whatever and warn you accordingly'.

Nurses' personal life issues

The daily life of a working nurse can be characterized by fluctuations in mood and clinical efficiency. Shift work, personal health state, daily family responsibilities and financial anxieties can lead to worker fatigue, resulting in a reduced willingness to dedicated work. This is especially notable when wages have been decreased while the workload has increased. As E.F. from Internal Medicine pointed out:'…we face constant fatigue combined with economic restraints...which influence our work perception'.

The communication between nurse and patient seems to be influenced by the mood and behavior of the nurse herself. What the patient seems to be looking for in this difficult period of his life, is to be surrounded by happy people with positive thinking and pleasant expression. So when, a nurse approaches the patient nervous and with an indignant tone, it is highly likely this to be conveyed to the patient too. This was supported by I.D as follows: '…communication depends mainly on the behavior of the nurse.

As you treat it, so you receive it'. Indeed, the patient may be likened to a customer where the adage, the customer [patient] is always right, applies. The main concern of a 'seller' is to attract people and have the customer happy. This is achieved with the pleasant mood, service and good behavior. This works in parallel in the case of nurse and patient in most sophisticated western health care systems where patient oriented services are encouraged.

M.Z. from Internal Medicine reiterated: 'We must always keep the personal out of the professional. The patient is always right. Always look for the good in every patient. A helpful nurse with a smile can only win'. It depends, therefore, on how the nurse handles and deals with a patient. When she considers her job difficult and displeasure able, then she may externalize this to the detriment of the patient.

The above views are also consistent with M.M. who argued: 'All people have some problems, whether personal or official. The point is that nurses should not be affected so badly as to display poor attitudes towards their patients. We should not transfer our home problems to work'.

Finally, nurse F.P. from a Surgical Ward commented: 'When I am not feeling well I communicate less effectively with the patient. This becomes a reciprocal relationship affecting me, the nurse, and the patient. I realize that many times I am not impartial, when considering a patient to be difficult, due to my own state of mind'.

Severity of physical symptoms

The chronicity of the disease, characteristic of a serious illness, has prolonging physical adverse effects on the patient. The patient displaying fatigue, coupled with a 'collapsed psychology' can influence the image a nurse has of that patient. 'Chronically ill patients are hardly manageable' says nurse M.M. in despair whereas a nurse from the surgical ward considers a difficult patient to be those experiencing severe pain while another says: 'A patient with poor life expectancy due to a severe disease such as cancer can be difficult'.

Nurse D.C. from the gynecological clinic observes that: 'The patient is further burdened when facing physical symptoms that make him feel overwhelmed. The evolvement of symptomatology makes him even more distressed and difficult to handle'.

Also, stress may stem from uncertainty about the rehabilitation process, whether it will be successful or not, especially when heavy symptomatology is involved. Physical symptoms may also be associated with fear of losing one's job, especially under the current austerity.

All the above may contribute to patient displaying negative behaviors and abrupt conduct. In the view of V.K., from outpatient's department: 'depending on the evolution of the disease, the patient may change attitudes and behavior in detrimental ways, especially when in severe pain'.

This view is complemented by P.P. from the urology ward, who states that: 'the patient with a slight illness may not be as restless and agitated as one who suffers from a severe disease'.

A decrease in motor skills and self-care abilities is regarded as 'difficult'. As nurse M.Z. from internal medicine points out: 'the most difficult patient is the bedridden one, requiring feeding, washing, help with bathroom etc. Generally, speaking, the ones who cannot get out of bed are more difficult in many respects'. This view is confirmed by P.P. who states that: '... if one cannot look after himself, I think he will bring difficulty to the ward…'.

From the above, it seems that the severity of the symptoms and especially when a patient is bedridden have a profound impact on the image formed by nurses of the 'difficult' patient.

The patient with disabilities

Even today, stereotypes and prejudice prevail in many western societies with regard to disabilities. These may include rejection of an individual or a group, bias and negative connotations associated with emotional and social immaturity towards the disabled. Some users may be affected by these prevailing attitudes and even hospitals may not be prejudice and stereotype free workplaces.

A disabled patient is considered difficult, and in the words of nurse K.A.: 'Difficult patient is the paraplegic one, when the patient is paralyzed I have to provide so much more…'. Problems in routine nursing care may arise during the hospitalization of a disabled individual with his/her daily personal care, communication, and the adaptation to the hospital, depending on the severity and type of disability.

Another example provided by D.C. recalled the case of a deaf mute patient where the lack of cooperation was perceived to be mainly due to the patient's condition, creating extra misunderstandings and difficulties.

In the case of a person with impaired consciousness or no communication, the nurse is required to observe and evaluate constantly the clinical picture and personal needs of the patient. Nurse L.S. from the Internal Medicine ward says: 'Someone who is unable to communicate verbally is more difficult to nurse because you have to perceive the exact clinical picture and act upon it accordingly'.

Behavior-character-social profile

Perhaps the most 'difficult' of all patients is the one with behavior-character problems especially when these are compounded with inability to provide adequate social support. There are several factors that affect the relationship of nurses with patients. As nurse M.M. from the surgical department succinctly points out: 'it more difficult for me when the patient is remote and aloof to the nursing and medical staff'. She also considers a 'difficult patient' to be one that: 'does not cooperate with the nurse to improve his own health and will not comply despite the nurse readily offering care and support'.

Also, patients who believe they know everything and often those involved with the medical profession are usually more difficult to deal with. In the words of E.T. from Internal medicine: 'This type of patient does not negotiate, holds strong opinions about everything, and thinks he knows everything. Paramedical professionals as patients are tough to care for and this is because they know the possible complications and hold views which are not easily changed'.

A difficult patient is a demanding individual who believes that when hospitalized, HCPs must work miracles to heal him regardless of his health status. He may also demand that the nurses deal only with him, oblivious to the fact that there are other patients who need help and as reported by F.P. from the surgical department: 'Difficult is the patient who believes that coming to the hospital equates meeting his personal healing gods, expecting the nurse to be exclusive for his care'. The same nurse also considers the difficult patient to be one with a 'bad attitude towards nurses and displays temperamental behaviour'.

Discussion

This study has shown how Greek nurses perceive 'difficulty' in routine care delivery influenced heavily by patient's heavy co morbidity. It is also well recognized internationally that patients with coexisting clinical personality disorders may be overly dependent, demanding, stubborn, even refusing treatment, making their care more complex according to many health care professionals.[11,12] A typical example of a 'difficult patient' case scenario is when he/she refuses medication (which may be a sign of self-destructive behavior), complains constantly, becomes violent to staff yet demands discharge from hospital. Less obvious examples include hiding important elements of past medical history or substance-dependent experiences.[1]

However, health care professionals may also be influenced by overwork, poor communication skills and low level of experience which may affect their care skills and personal views of their patients.[15–18] This was shown to be evident in this Greek study whereby staff shortages due to long-standing austerity exacerbate staff's morale and preparedness to deal with complex patient cases. Moreover, subtle influences to the ways patients are perceived can include availability of resources and information, fierce health care competition, contradictory policies, service fragmentation and the misuse of new technologies which may also contribute to characterizing the patient as 'difficult'.[19–21]

The behavior of the patient to the nursing staff and vice versa is often influenced by the severity of the patient's condition. As shown by international research, a patient, who experiences severe symptoms often, finds himself facing situations unknown to him with.[21] Moreover, fear of disease progression can make the patient 'crusty' even against the medical staff who are widely acknowledged and respected in Greece as the main health care decision makers and providers. Anxiety and stress can exacerbate disease perception, making the patient heavily preoccupied and demanding.[22]

Patient's age was one of the first observations of the interviewees who believe this to be as an important element of 'difficulty', although there was no consensus whether elderly or children are more difficult to care for.

Nurses in the sample consider mood and attitude amongst the most important factors for recovery and their ability to help the patient. Almost unanimously they declared that a patient with psychological problems, either existing or subsequently occurring during the disease, is more difficult to manage.

Moreover, what determines a patient as "difficult" is his behavior and character before the disease. These may dictate his later behavior. The issue of behavior is a key point because when a patient is 'over-demanding', 'grumpy' or

'wayward', this brings misunderstandings between staff and the patient.

Factors influencing nurses' perceptions of a patient as 'difficult' should be viewed in context with the working realities in contemporary Greece, i.e. acute shortages of staff, lack of equipment, long working hours, a negative working climate all forming tough working place conditions.

In this sense, the less dedicated nurse may lose an 'appetite for work', and be less tolerant of the patient. Furthermore the nurses' personality coupled with his/her own personal problems may influence the way they perceive the patient as 'difficult'. Yet, there was an awareness that personal problems should not be taken into the working arena.

Additionally, family and friends obscuring nursing interventions and tasks hindered the nurse. Also, 'difficulty' has been associated with a high dependency and exacerbated physical symptomatology especially when the patient cannot communicate or is bedridden.

In Greece, the root causes of the opposing patient (hence the difficult one), can be traced not only in the patient himself, but in the health professionals and the health system in general. The nurse-patient relationship is a fundamental and integral part of clinical practice. Thus, nurses, delivering care in times of great austerity, insecurity and anxiety need to monitor and manage their therapeutic relationship with the patients recognizing their own emotions in this process.

Limitations

Sample data came from two hospitals of a Northern Greek city, thus national representation may have not been fully accomplished. Furthermore, the study relied exclusively on staff nurses' verbal accounts of their views and concepts on the 'difficult' patient but patients' views were not sought.

Conclusions

It is evident that the so called 'difficult patient' cannot be categorized in general terms. A major influence is an understaffed clinical work environment where the nurse deals with patients of varying symptoms. Extra 'difficulty' can arise when nursing a patient in pain or bedridden. Mental health conditions are more time consuming and problematic to treat. This, in combination with oppositional behaviour of a patient including a negative frame of mind about treatment, or nurses in general, was more inclined to lead to judging the patient as 'difficult'.

In addition in Greece, where family or friends often attend hospitalised patients, the nurse could be hindered with her tasks. The 'difficult relative' is an additional burden to the 'difficult patient'.

Nursing education needs to recognise the main criteria of such individuals in their nursing environments and train nurses in ways to overcome these unwelcome obstacles to excellence in nursing.

ABSTRACT

Ο Δύσκολος Ασθενής:
Μια Ποιοτική Εξερεύνηση για τις «Ετικέτες» που θέτουν οι Νοσηλευτές

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Εισαγωγή: Μερικές φορές οι νοσηλευτές πρέπει να αντιμετωπίσουν ασθενείς με διάφορες αντιδράσεις, συμπεριλαμβανομένης της αμυντικότητας, του θυμού, του φόβου, της απαιτητικότητας, της υστερίας και άλλων συμπεριφορών. **Σκοπός:** Η μελέτη αυτή αποσκοπούσε στη διερεύνηση της έννοιας του «δύσκολου ασθενούς» και στον εντοπισμό δυσμενών παραγόντων που ενδέχεται να παρακωλύουν την τακτική παροχή κλινικής περίθαλψης. **Υλικό και Μέθοδος:** Υιοθετήθηκε ένα περιγραφικό διερευνητικό ποιοτικό σχέδιο και ημι-δομημένες συνεντεύξεις με ένα στοχευόμενο δείγμα 11 νοσηλευτών. **Αποτελέσματα:** Παρουσιάστηκαν οκτώ κατηγορίες και παράγοντες που οδηγούν τους νοσηλευτές να χαρακτηρίζουν έναν ασθενή ως «δύσκολο», όπως η ηλικία του ασθενούς, η ψυχολογική κατάσταση, η σοβαρότητα της νόσου, ο βαθμός αναπηρίας, η προσωπικότητα και η συμπεριφορά, οι νοσηλευτές, οι συνθήκες εργασίας και η προσωπική ζωή των νοσηλευτών. Οι νοσηλευτές χαρακτηρίζουν συχνά έναν ασθενή ως «δύσκολο» από άποψη φυσικών

συμπτωμάτων, διάθεσης, συμπεριφοράς και ηλικίας. **Συμπέρασμα:** Οι νοσηλευτές πρέπει να συνειδητοποιήσουν ότι η «επισήμανση» των ασθενών είναι αντιεπαγγελματική και ότι συχνά ο «δύσκολος ασθενής» είναι αυτός που μπορεί να μας χρειάζεται περισσότερο.

Λέξεις-ευρετηρίου: *Ασθενείς, φροντιστές, προσωπικότητα, παροχή υγειονομικής περίθαλψης*.

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