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Research Article

Difficult patients from the perspective of healthcare workers: a study at a public hospital

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ABSTRACT

Background: The purpose of the study is to identify the frequency of encounters with difficult patients, the level of patient difficulty and the demographic characteristics of difficult patients from the perception of healthcare workers.
Methods: The data have been obtained from the health workers who are employed at a public hospital in the city of Ankara and are in interaction with patients. The data have been obtained with the "difficult patient and healthcare personnel interaction survey".
Results: It has been determined that approximately 2 out of every 10 patients (=2.11) which the healthcare workers encounter during the day are difficult patients and the level of difficulty of these patients is low (=3.62). It has been found that there is a medium level, positive and significant relationship between patient difficulty and seductive behavior and that seductive behavior has a significant effect on patient difficulty. It has been found that there is a medium level, positive and significant relationship between the discomfort experienced by the personnel and seductive behavior and that seductive behavior has a significant effect on the discomfort experienced by the personnel.
Conclusions: As a result, it can be seen that nearly a fifth of all patients are perceived as difficult by healthcare workers. It is believed that healthcare workers should be informed about the characteristics of difficult patients and the aspects which should be taken into consideration while interacting with these patients and thereby more effective form of communication will be established at medical institutions.

Keywords: Difficult patient, Healthcare worker, Communication

INTRODUCTION

Every business is established to serve the needs of its target customers and satisfy them by fulfilling their demands and needs and as a result obtain the goals they set for themselves.[1] The situation is the same for the health sector and even if the goals, service providers, form of provision and ownership of institutions change the ultimate goal is still to satisfy the patient and fulfill the existential purpose.

The human factor has a major importance for the inputs, processes and outputs in healthcare services. A great part of service receivers are formed by patients and their relatives. Many factors such as problems experienced by these people from time to time in defining and expressing their demands and needs, the psychological states of service providers and receivers, patients who are in a hurry to receive service and healthcare workers who try to devote a fair share of attention to each patient affect the provision and results of healthcare services.

Healthcare services are delivered in an environment which has a high level of complexity and uncertainty due to the nature of the health sector. The fact that the personalities, needs and demands of patients who receive service are quite different from each other and that each of these patients are treated as different projects requires that the delivery of healthcare services should be made based upon analytical evaluations. In order to obtain successful results it is crucial that these patients are well-identified and that the personnel providing service to these patients should be informed about the subject.

During service delivery there can be problems between patients and personnel from time to time. These problems can sometimes take the form of negative behaviors which can turn violent. Patients who cause problems during service delivery are generally referred to as difficult or cranky. Patients who do not cooperate with hospital workers, are not happy with the healthcare provided, refuse treatment, do not take the medication prescribed by doctors, simultaneously receive treatment from multiple doctors, cause difficulties for hospital workers during nursing, consistently demand painkillers, are continuously angry or anxious, do not trust hospital workers in any way, are not easy to manage, are threatening, cause damage to their surroundings, threaten hospital workers with violence and suicide, consistently criticize the service, scold hospital workers, are not honest with the information they provide about their illness, try to bribe hospital workers, lie, complain about nurses and caretakers to doctors are defined as difficult patients by the researchers.[2-6] According to the grading system of patient difficulty levels, scores between 1.00-1.79 indicate an extremely difficult patient; 1.80-2.59 indicate a highly difficult patient; 2.60-3.30 indicate a patient with a medium level of difficulty; 3.40-4.19 indicate a patient with a low level of difficulty; and 4.20-5.00 indicate a patient with a very low level of difficulty.[7]

This study has been conducted in order to identify the frequency of encounters with difficult patients, the level of patient difficulty and the demographic characteristics of difficult patients from the perception of healthcare workers, to ascertain the perception of healthcare workers towards difficult patients with respect to their demographic characteristics and to determine the factors affecting difficult patients and healthcare workers.

METHODS

The population of the research consists of the workers who are employed at a public hospital in the city of Ankara and are in interaction with patients. Sample has been determined by using the stratified random sampling method for the reason that the workers within the universe consist of different strata which are homogenous in themselves, that there are differences in terms of occupation among the strata and in order that the sample is not effected by prejudice and that every worker in the universe is given the opportunity to be selected.[8] For this purpose, first a sample framework was prepared which included all the healthcare workers and consisted of 172 people. Sample size was determined to be 119 people out of 172 with the help of sample size formula. Occupation was taken into consideration as the stratification criterion and doctors, nurses, medical secretaries and other healthcare personnel were identified as the groups which formed the different strata. As it is accepted as a highly powerful sampling method, the workers which would be included in the sample strata were selected by using the simple random sampling method in ratio with the number of workers in the strata. Randomized number generating program was used in picking workers for the strata. After taking into consideration the possibility of not receiving answers or sufficient and correct information from the participants, substitutes were determined with the help of simple random sampling method while selecting participants for the strata.

The data have been obtained with the "Difficult Patient and Healthcare Personnel Interaction Survey". The survey was constructed by Çelik with the help of the "difficult doctor-patient survey" of Hahn et al and Kistler's "difficult patient interaction survey".[9-11] Open-ended questions and sections which aim to determine the demographic characteristics of participants and difficult patients are included in the 5-point Likert-type survey. Cronbach's Alpha value which is often used in order to determine the internal consistency of Likert-type scales[8] has been found to be 0.771 for this study.

Before the actual survey with the sample group a pilot study was conducted with 12 people after making sure that the group represents 10% of the sample and taking into consideration the weight of every stratum.[8] After the pilot study the surveys were distributed to the actual sample group. Substitute workers were included in the research to replace 13 original participants who failed to respond or provided insufficient data during the data gathering process. The analysis of the data was conducted on SPSS 18. The patient difficulty levels were determined by using the average scores of the responses which the participants provided to the questions on the patient difficulty factor.

Following the analysis, supplementary statistics were evaluated through the numbers, percentages, means and standard deviations. Parametric methods were utilized in the analyses because after the measures of central tendency and histogram graphics of the variables of the study were examined the data were estimated to be fit for normal distribution. One-way Analysis of Variance (ANOVA) and t-test were conducted in order to determine whether there were any differences between the demographic characteristics and the responses of the participants to scale dimensions. Tukey test was utilized to evaluate the difference among groups. The level of statistical significance was accepted as $p<0.05$. In the multilinear regression analysis which was conducted to determine the factors affecting patient difficulty and the discomfort experienced by the personnel, p was accepted as <0.01. Examination was made as to whether the

relationships among the variables are linear and the scores are normally distributed and it has been seen that the scatter diagram created for the standardized residual values and standardized appraisal values define a linear relationship and that the points tend to rally around an axis. It was also determined that the histogram and normal distribution curves present a distribution which is very close to normal. Written permissions from the relevant institution and the Ethics Board were received to conduct the research.

RESULTS

Factor analysis was conducted in order to determine the sub-dimensions which could express the survey items with fewer factors. In the Principal Components Factor Analysis, Keiser Meyer Olkin (KMO) value was found to be 0.78. As a result of the Barlett test, a relationship was identified between the variables included in the factor analysis (p=0.000). As a result of the factor analysis, the items were fixed with 4 factors just as it was done in the study by Çelik and the expounded variance ratio of the factors was determined to be 45.54% after the varimax rotation.[9] Because there were no items whose factor load was less than 0.30 all the items were distributed to the factors. Table 1 presents the results of the factor analysis.

Table 1: Factor analysis.

Factor	Factor load
Factor 1: Patient difficulty	
1. How difficult a personality do difficult patients have?	0.551
3. How irrational are the expectations of these patients?	0.389
4. What is the relationship between drug/alcohol addiction and the health problems of these patients?	0.604
8. How annoying do you think are difficult patients?	0.665
9. How challenging are difficult patients?	0.365
10. Does it take up too much time to attend to these patients?	0.407
11. How tiresome are these patients?	0.507
13. Do difficult patients try to manipulate you to make you do what they want?	0.648
22. Do these patients overreact to problems encountered during treatment?	0.744
28. Do these patients come to you with small problems?	0.353
30. Do these patients harm themselves?	0.400
32. Do these patients prevent you from doing your job by displaying violent behaviors?	0.654
33. Do these patients use the emergency room unnecessarily?	0.333
Factor 2: Discomfort experienced by personnel	
2. How enthusiastic are you when attending to difficult patients?	0.704
5. How annoyed are you with the unclear complaints of these patients?	0.334
6. How cheerful do you feel after attending to these patients?	0.500
7. How negative do you feel when attending to difficult patients?	0.460
12. How much do you want a difficult patient to come again after you have attended to them?	0.606
14. How tense do you feel after attending to a difficult patient?	0.472
15. How satisfied are you with the working relationship with these patients?	0.684
17. After attending to a difficult patient do you find yourself saying that “I hope this patient never comes back”?	0.536
18. Generally. how pleasant is it to attend to difficult patients?	0.663
20. How comfortable do you feel when you are with these patients?	0.610
21. How hopeless are you about helping these patients?	0.700
23. Do you ever wish to refer a difficult patient to a colleague?	0.350
24. How mad/angry do you feel when attending to a difficult patient?	0.706
25. Generally speaking, how positive do you feel when attending to these patients?	0.645
Factor 3: Rapport and communication problems	
16. Do these patients understand your explanations with regard to medical conditions?	0.428
26. How much do these patients complain about the service?	0.639
27. How negligent are these patients of personal care such as hair care, bathing and hygiene?	0.414
29. How difficult is it to communicate with these patients?	0.360
31. Do you ever feel that these patients do not trust you regarding the information you provide them with?	0.382
Factor 4: Seductive Behaviors	
19. Do these patients display seductive behavior in order to get their way?	0.630
34. How much do these patients engage in discussions or make jokes with explicit content?	0.761
35. Do these patients consciously try to be seductive with their physical acts and the clothes they wear?	0.657

Factor 1 – Patient difficulty: This factor consists of 13 items. Factor loads vary between 0.333 and 0.744. The stated variance ratio is 12.261.

Factor 2 – Discomfort experienced by the personnel: This factor consists of 14 items. Factor loads vary between 0.334 and 0.706. The stated variance ratio is 12.541.

Factor 3 – Rapport and communication problems: This factor consists of 5 items. Factor loads vary between 0.360 and 0.639. The stated variance ratio is 11.260.

Factor 4 – Seductive behaviors: This factor consists of 3 items. Factor loads vary between 0.630 and 0.761. The stated variance ratio is 9.483.

Information regarding the factors formed as a result of the factor analysis is shown in Table 2.

Patient difficulty: The statements in this dimension reveal patient difficulty. The dimension factor mean is 3.624 and standard deviation is 0.766.

Discomfort experienced by the personnel: The statements in this dimension reveal the effects of patients on healthcare personnel. The dimension factor mean is 3.558 and standard deviation is 0.723.

Rapport and communication problems: The statements in this dimension reveal the attitude of patients to the healthcare service they receive and the communication problems with healthcare personnel. The dimension factor average is 3.550 and standard deviation is 0.708.

Seductive behaviors: The statements in this dimension reveal the physically and verbally seductive behaviors of patients. The dimension factor average is 2.711 and standard deviation is 0.844.

Table 2: Descriptive information regarding the factors.

Factors	Total Item number (Item Number)	Mean	Sd
Patient difficulty	13 (1, 3, 4, 8, 9, 10, 11, 13, 22, 28, 30, 32, 33)	3.624	0.766
Discomfort experienced by the personnel	14 (2*, 5, 6*, 7, 12, 14, 15*, 17*, 18*, 20*, 21, 23, 24, 25*)	3.558	0.723
Rapport and communicatiın problem	5 (16, 26, 27, 29, 31)	3.350	0.708
Seductive behaviors	3 (19, 34, 35)	2.711	0.844

* Reverse coded.

The demographic characteristics of those personnel which participated in the research are provided in Table 3. A major part of the personnel which participated in the research works for the internal (40.3%) and surgical (35.3%) sciences. According to the occupational composition of the participants, 21.8% are doctors, 47.1% are nurses, 7.6% are medical secretaries and 23.5% are other healthcare personnel. 57.1% of the participants are male, 74.8% are married, and 82.3% have undergraduate and graduate degrees. Almost all of the participants are within the 30-39 (47.1%) and 40-49 (46.2%) age range and the age average has been calculated as 39.

There has been no statistically significant difference found among the factors with respect to the occupational, gender, educational, age and marital statuses of the participants. According to the analysis results, there has not been found any statistically significant difference among the factors of patient difficulty (p=0.760), discomfort experienced by personnel (p=0.873) and rapport and communication problems (p=0.313) with respect to the unit that the personnel works for.

In Table 4 Anova results of the healthcare personnel according to their units are provided. As can be seen from the table, there has been found a statistically significant difference between the seductive behavior (p=0.004) factor and the unit that the personnel works for. As a result of the Tukey test which has been conducted to determine between which groups the difference is, it has been seen that the difference between the surgical and basic health sciences.

Based upon the answers that the research participants have provided it has been determined that the healthcare workers identify 2 out of every 10 patient ($\overline{X}$ =2.11) they encounter within a day as difficult patients. The difficulty level of patients is calculated to be low ($\overline{X}$ = 3.62±0.76).

In Table 5 demographic characteristics of difficult patients are provided. It can be seen that 38.7% of the patients which has been described as difficult by the healthcare personnel that participated in the research have a medium level socio-economic status while 57.1% are married, 56.3% are male, 35.3% are high-school graduates, 37% are young adults and 36.2% are public officials.

Table 3: Demographic characteristics of the participants of the research (n=119).

Demographic characteristics		n	%
Working unit	Internal Sciences	48	40.3
	Surgical Sciences	42	35.3
	Basic Medical Sciences	22	18.5
	Oral&dental health center	7	5.9
Occupation	Doctor	26	21.8
	Nurse	56	47.1
	Medical secretaries	9	7.6
	Other health personnel	28	23.5
Sex	Male	68	57.1
	Female	51	42.9
Education	High School	5	4.2
	Undergraduate	16	13.4
	Graduate	52	43.7
	Master of Degree	18	15.1
	PhD	28	23.5
Age	20-29	6	5.0
	30-39	56	47.1
	40-49	55	46.2
	50 +	2	1.7
Marital Status	Married	89	74.8
	Single	28	23.5
	Other	2	7.6

Table 4: ANOVA results according to the units that the healthcare personnel works for.

Factors	Units	n	Mean	Sd	F	p
Patient Difficulty	Internal Sciences	48	3.71	0.64	0.391	0.760
	Surgical Sciences	42	3.55	0.49		
	Basic Medical Sciences	22	3.57	1.28		
	Oral&dental health center	7	3.57	0.67		
Discomfort Experienced by the Personnel	Internal Sciences	48	3.55	0.73	0.233	0.873
	Surgical Sciences	42	3.50	0.61		
	Basic Medical Sciences	22	3.62	0.80		
	Oral&dental health center	7	3.70	0.56		
Rapport ve Communicatıın Problem	Internal Sciences	48	3.48	0.92	1.201	0.313
	Surgical Sciences	42	3.20	0.44		
	Basic Medical Sciences	22	3.34	0.58		
	Oral&dental health center	7	3.25	0.72		
Seductive Behaviors	Internal Sciences	48	2.60	0.67	4.745	0.004
	Surgical Sciences	42	3.04	0.70		
	Basic Medical Sciences	22	2.28	0.82		
	Oral&dental health center	7	2.66	1.34		

As it can be seen from Table 6, there is a low-level, positive and significant relationship (r=0.290; p=0.001) between patient difficulty and rapport and communication problems, and a medium-level, positive

and significant relationship (r=0.438; p=0.000) between patient difficulty and seductive behaviors.

When rapport and communication problems and seductive behaviors are considered together while explaining patient behavior it has been determined that the model is significant (F=16.551; p=0.000) and that it is able to explain 22% of the total variation regarding patient difficulty (R^2=0.222). While according to the standardized regression coefficient β and T-test significance level seductive behaviors (p=0.000) have a substantial effect on patient difficulty, rapport and communication problems (p=0.036) have a lower effect.

Table 5: Demographic characteristics of difficult patients (n=119).

Demographic characteristics		n	%
Socio-economic status	Low	38	31.9
	Medium	46	38.7
	High	35	29.4
Marital status	Married	68	57.1
	Single	45	37.8
	Other	6	5.0
Sex	Male	67	56.3
	Female	52	43.7
Education	Primary education	39	32.8
	High school	42	35.3
	University	26	21.8
	Other	12	10.1
Age	Child (0-12 age)	6	5.0
	Adolescent (13-21 age)	13	10.9
	Young adults (22-40 age)	44	37.0
	Adult (41-64 age)	41	34.5
	Old (65+ age)	15	12.6
Profession	Worker	5	4.2
	Public official	43	36.2
	Self-employment	28	23.5
	Retired	31	26.0
	Housewife	12	10.1

Table 6: Factors affecting patient difficulty.

	B	Standard error B	β	T	p	r
Constant	2.016	0.327		6.163	0.000	
Rapport and communication problem	0.196	0.092	0.181	2.122	0.036	0.290
Seductive behaviors	0.351	0.078	0.387	4.531	0.000	0.438
r=0.471	r^2=0.222	F=16.551	p=0.000			

In Table 7 the factors affecting the discomfort experienced by personnel are provided. It has been determined that there is a low-level, positive and significant relationship (r=0.300; p=0.001) between the discomfort experienced by the personnel and rapport and communication problems; and that there is a medium-level, positive and significant relationship (r=0.456; p=0.000) between the discomfort felt by the personnel and seductive behaviors.

It has been determined that the model is significant (F=18.283; p=0.000) for explaining the discomfort experienced by the personnel when rapport and communication problems and seductive behaviors are considered together and that it explains 24% of the total variation regarding the discomfort experienced by the personnel (R^2=0.240). It has been seen that while Seductive Behaviors (p=0.000) have an important effect on the discomfort experienced by personnel according to the standardized regression coefficient β and T test

significance level, rapport and communication problems (p=0.029) have a lower effect.

Table 7: Factors affecting discomfort experienced by personnel.

	B	Standard error B	β	T	p	r
Constant	1.985	0.305		6.505	0.000	
Rapport and Communication problem	0.191	0.086	0.187	2.212	0.029	0.300
Seductive behaviors	0.345	0.072	0.403	4.774	0.000	0.456
R=0.490	R^2=0.240	F=18.283	P=0.000			

DISCUSSION

This study which has evaluated difficult patients from the perception of healthcare workers argues that healthcare workers describe 2 out of 10 patients ($\overline{X}$ =2.11) they encounter in a day as difficult patients. The study has estimated that the rate of encountering difficult patients is 21%. In a study conducted by Çelik it has been determined that 3 out of 10 patients ($\overline{X}$ =2.92) are difficult patients and that the rate of encountering difficult patients is 30%.[9] In another study by Çelik conducted at Süleyman Demirel University Research and Application Hospital the rate of encountering difficult patients has been calculated as 33%.[12] In the two studies conducted by Hahn et al the rate of encountering difficult patients was calculated as 21%.[10,13] While in a study by Sharpe et al. (1994)[14] 22% of the patients were described as difficult by the doctors, in a study by Jackson and Kroenke 15% of the patients were described as difficult.[15] The rate of encountering difficult patients which has been found as a result of this research is close to the findings of studies conducted abroad but is somewhat lower compared to the findings of the study by Çelik.[9] It is believed that the lack of significant differences among research results is the result of the similarities of the healthcare workers' perceptions of difficult patients.

While the units the personnel work for did not present any statistical differences with respect to the patient difficulty, discomfort experienced by personnel and rapport and communication problems there has been found a statistically significant difference with respect to the seductive behaviors factor. According to the Tukey test which was conducted to determine the groups, it has been seen that the difference is between surgical sciences and basic health sciences. It is believed the reason is that the surgical sciences have a higher patient intensity and there is closer and more interaction with patients due the nature of the medical procedures which take place at this department.

In a research conducted on family patients by Mas Garriga et al it was found that two thirds of difficult patients are female and primary school graduates and one third are retired and married.[16] In a research conducted on general practitioners by Corney et al it was stated that the majority of patients which were described as difficult were single, over 40 and divorced or widowed women.[17] In a study by Göral it was determined that while male patients were described as difficult by nursing students, female patients were described as difficult by medical students.[18] According to the results of the study by Çelik it was determined that difficult patients are mostly women, adult or young adult, primary school or university graduates, have medium socio-economic statutes and are married.[9] In this study, it has been found that the difficult patients are mostly male, young adult or adult, high school or primary school graduates, have medium socio-economic statutes and are married. It is believed that the similarity of certain traits result from the fact that the demographic characteristics of the patients have common aspects. The gender difference is believed to have resulted from the fact that the majority of the patients at the hospital where research took place are male due to the purpose with which the hospital was founded.

In this study, the difficulty level of the patients described as difficult by the workers has been found to be low based upon the answers to the items in the patient difficulty factor ($\overline{X}$ =3.62±0.76). It is believed that the reason that the difficulty level has been found as low is due to the good level of rapport and communication between patients and workers, the fact that the hospital at which the research took place is a medium-scale institution and that patient intensity is not high.

The regression analysis which was conducted to find the factors affecting patient difficulty and discomfort experienced by personnel determined that seductive behaviors have an important effect on both difficult patients and healthcare workers.

The regression analysis shows that difficult patients do not experience rapport and communication problems at a level which could have an important effect on themselves or healthcare workers. It is believed that the reason for there not being significant rapport and communication problems between healthcare workers and difficult patients, primarily those performing seductive behaviors, is that the workers can handle these patients well.

During the study, healthcare workers stated that when encountering a difficult patient they try to remain calm and listen to the patients, inform them by answering their questions and making the necessary explanations, understand and empathize with them, treat them with a friendly manner, earn their trust, help them by convincing them and ask for help from other workers when necessary. Some of the healthcare workers which have participated in the study stated that asking for help from other workers when there is a problem with a difficult patient could be an effective way to solve the problem and establish healthy communication.

CONCLUSION

As a matter of course, healthcare services is a sector where there is a high level of interpersonal communication. In the health sector where the service receivers are patients and their relatives which present a wide range of personal characteristics the service providers also have very different characteristics. This condition makes it inevitable that in medical processes where there is intense communication, problems between patients and their relatives, and workers from time to time.

This research was conducted on 119 workers, who were in interaction with patients, in order to identify the frequency of encounters with difficult patients, the level of their difficulty and the demographic characteristics of difficult patients, and to ascertain the perception of healthcare workers towards difficult patients with respect to the demographic characteristics of workers and to determine the factors affecting difficult patients and healthcare workers.

At the end of the research it has been found that healthcare workers describe approximately one fifth of patients as difficult. In departments where there are closer and more intense interactions with patients, problems with these patients are experienced more frequently. Especially patients which perform seductive behaviors have more negative effects on workers. Decreasing motivation of workers which experience problems with patients also affects service provision towards other patients.

During the study it was observed that workers which encounter difficult patients assume a good attitude and perform positive behaviors. After taking in to account the fact that difficult patients sometimes cause problems which could lead to disruption of service provision it is believed that it is important to create awareness for managers and healthcare workers who are in interaction with these patients. It is believed that informing workers about the characteristics of difficult patients, the matters to consider when interacting with these patients and how to behave in a possible incident will lead to more effective interaction and more productive medical procedures.

One of the fundamental purposes of healthcare services is to effectively and productively realize medical procedures by ensuring patient satisfaction at the same time. In order to reach this goal, informed and educated healthcare workers are of great importance for managing difficult patients.

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