The Difficult Patient: An Important Educational Need of Registered Nurses

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ABSTRACT

Caring for patients who display difficult behavioural characteristics in the general hospital setting has been well documented as a significant source of stress in nursing for more than thirty years. The current educational preparation of nurses at the undergraduate level provides little hope that this situation will change in the future.

This study describes the investigation of a group of practising

general nurses aimed at determining their understanding, feelings and plans for caring for patients who exhibit difficult behavioural characteristics in the acute general hospital setting.
The responses of the nurses were compared to the approaches suggested by Individual Psychology (IP).

Significant levels of frustration and anger were reported by the nurses in dealing with this group of patients. No consistent means of identifying the goals of the difficult behaviour were demonstrated and the management approaches suggested were felt to be likely to cause the difficult behaviour to continue or increase.

Individual Psychology is proposed as a possible basis on which to develop educational programs to assist nurses in dealing with patients who display difficult interpersonal behavioural characteristics in the clinical environment.

INTRODUCTION

The nature of nursing practice brings nurses into contact with individuals from all levels of the society and at all stages of their life cycles. Nurses must deal with the full spectrum of human behaviour, while providing the highest quality of health care and, at the same time, maintain their own well-being in the work environment.

Adequate preparation and the development of competence in both the physical and behavioural sciences is an essential requirement to enable nurses to deliver the highest quality of care. The nursing care must be provided in a manner that meets the patient's physiological and psychological needs, is consistent with current nursing practice theory and the realities of the present health care environment. It is suggested that the educational requirements of nurses caring for patients who exhibit difficult behaviours are not currently being met by either the higher education sector or the hospital system. A review of the nursing curricula of 22 Australian Universities indicates that little formal preparation is received in this area of preparation for practice (Appendix 1).
Nurses have traditionally learned to care for patients exhibiting difficult behaviour from each other in an ad hoc manner. More experienced nurses teach the novices about what they believe has worked for them. There is no consistency with current models of nursing practice, nor is there any consistency from one clinical

setting to the next, no way of ensuring that practice competencies are developed or maintained in this difficult facet of nursing practice.
The frustration and stress levels experienced by nurses when dealing with difficult behaviours of patients are well documented in the literature and supported in part by the findings of this study.

LITERATURE REVIEW

Difficult patient behaviour as a source of stress in nursing

The difficult patient as a source of stress in nursing is a recurrent theme in the literature. Studies identifying difficult patients as significant sources of stress to nurses include: Barut (1978), Leatt & Schneck (1980), Marshall (1980), Kelly & Cross (1985),Maloney (1982), Cross & Fallon (1985), Motowidlo et al (1986), Dewe (1987, 1988), Power & Sharp (1988), Humphrey (1988), Harris (1989) and Sullivan (1993). These studies constitute a cumulative subject number exceeding 4000 nurses in more than 70 hospitals in four countries, all identified difficult patients in the non-intensive care (ICU) areas as important sources of stress for nurses.
Consistent themes of difficult patient behaviour emerge from studies exploring the specific reasons why nurses found this group of patients stressful to manage. (Ritvo, 1963; Stockwell, 1972; Kramer, 1974; Haynes, 1978; Parkes, 1980a, 1980b; Clark, 1984; Podarsky & Sexton, 1988, Arthur et al, 1992.)

The most commonly reported themes can be grouped under the following headings:
1. Personality factors
Demanding, aggressive, inconsiderate, unpleasant, unhelpful, not cheerful, anxious, unable to control emotions.
2. Communication factors
Uncooperative, verbally abusive, difficult to talk to or get away from, ungrateful, never satisfied, frequently complaining.
3. Attitudinal factors
Unwilling to accept treatment, not wanting to go home, not as ill/helpless as patient thinks, overly familiar or flirting.
4. Nursing factors
Disease process not well known, does not need to be in hospital, in need of psychiatric treatment.

The above groupings of behaviours suggest that nurses generally hold clear views regarding what is considered to be unacceptable behaviour. Ritvo (1963) notes that nurses classify patients into the "good" or "bad" category within 24 hours of admission. This perception of the patient then sets the tone for subsequent

nurse-patient interactions and the possibility of the development of conflict and stress (Gow 1982). The stereotyping of patients as being difficult is a complex process, Miller (1976) identifies societal, professional, educational and organisational factors as mediators of the decision. Stockwell (1972) and Podarsky & Sexton (1988) point out that once patients are perceived by the nurses as being difficult, they are more likely to receive a minimum of nursing care and in some instances be punished by the nurses. Podarsky & Sexton (1988) and Cross & Fallon (1985) clearly identify a need for the education of nurses in dealing with difficult patients so as to improve the care that these patients receive and to reduce the stress the nurses experience.

Individual Psychology

It is beyond the scope of this paper to examine the theoretical intricacies of IP, rather, selected aspects will be employed to examine how nurses deal with difficult patient behaviour.

It is proposed that Individual Psychology (IP) provides a philosophy and methodology that is consistent with the beliefs of current theoretical models of nursing practice. Additionally IP allows for the development of clinical management techniques that are appropriate in dealing with patients who demonstrate difficult behaviours. IP was developed by Alfred Adler (1870-1937) and has been described as a cognitive and social psychology that views personality as being holistic, teleological and phenomenological. It proposes that the person can only be understood holisticaly, subjectively and within the social situation. All behaviour is seen as purposeful and goal directed towards finding acceptance within the social group (Dreikurs 1953). Behaviour is regarded as a result of the of the person's unique and subjective assessment of reality. This assessment is influenced by the level of social interest, lifestyle, private logic and goals (Ansbacher & Ansbacher 1956). IP differs significantly from reductionist and deterministic approaches, in that behaviour is not regarded as driven by intra psychic conflict, nor is it regarded as a stimulus-response phenomenon. Therefore to gain an understanding of behaviour one must understand the goal and the unique way the person choses to pursue it. A nurse, to come to some understanding of the reason why a patient is exhibiting difficult behaviour needs to have a means of identifying the goals underlying the behaviour. IP proposes that there are four major goals of misbehaviour: 1. Attention, 2. Power, 3. Revenge and 4. Display of Inadequacy (Dinkmyer et al. 1979; Manaster and Corsini, 1982; Dreikurs et al. 1971). It should be noted that the four goals of misbehaviour are usually applied as a means of understanding the behaviour of children. Dreikurs (1971) and Manaster and Corsini (1982) suggest that the four goals are also valid in

understanding adult behaviour.

AIMS OF THE STUDY

1. To utilise the framework offered by IP, to determine whether nurses were able to identify the goals of misbehaviour of patients.
2. Gain an understanding of nurses' emotional responses to the difficult patient

DEFINITION OF TERMS

Difficult behaviour: Behaviour that has as its goal one of the four categories identified in the Individual Psychology literature, being:

Attention Getting Mechanisms (AGMs)
Power
Revenge
Display of inadequacy

METHOD

An exploratory survey design was used, as the goals of the study were to gather data from the subjects about what they believed were the reasons for a patient exhibiting a particular form of behaviour, how they felt when caring for people who display these behaviours, what they will do in response and how they believe the response will affect the behaviour.

SUBJECTS

All 30 subjects were registered nurses employed full time in acute medical and surgical ward of four major metropolitan hospitals in Melbourne. Ages ranged between 22 to 44 years (Mean 31). All were female and had been registered between 4 to 21 years. The qualifications of the subjects included: hospital certificate (n = 20), Diploma (n = 6), Bachelor (n = 4). 6 nurses also held other qualifications such as Critical care and Midwifery.

SAMPLING

A convenience sample was drawn from a number of Melbourne metropolitan hospitals. No formalised random selection of subjects was undertaken as it was felt that no significant bias would be introduced if the nurses who were chosen conformed to the characteristics of what could be described as the "typical" nurse noted in the demographic data available in the literature. A total of fifty nurses were approached in four Melbourne hospitals, the purpose of the study explained and a request made

for volunteers to complete the questionnaires. Thirty nurses were chosen from a pool of forty one volunteers.

INSTRUMENT

The data gathering instrument comprised two sections preceded by a short description of the goals of the research.
Section A. included instructions for completing the questionnaire, followed by structured questions seeking demographic data about the subject, this data included: age, sex, years since graduation, current qualifications and area of current practice. Section B. contained the Difficult Patient Reaction Inventory (DPRI) which was designed to require the respondents to read four difficult patient scenarios and to answer four open-ended questions following each scenario. Each scenario described a situation in which a nurse might consider the patient to be "difficult" and contained one of the main elements of the four goals of misbehaviour according to IP theory. The four possible goals being: attention getting (active and passive), power (active and passive), revenge and display of inadequacy. The scenarios in summary were:

1. A 24 year old man who is making an uneventful recovery from an appendicectomy 2 days previously. He is demanding, frequently calls for assistance with activities he is capable of achieving himself, states he is worried and feels he will not be able to return to work. Reassurance from the nurses has no effect on his behaviour.

2. An 18 year old woman who has sustained lacerations in a motorcycle accident. Her wounds have subsequently become infected and require frequent painful dressings. She becomes verbally abusive before her next treatment and throws her water jug on the floor.

3. A 32 year old woman admitted for investigation of persistent back pain. She is isolated, speaks little to either staff or other patients and often apologises for causing you extra work. After spending some time with her, she responds positively and is eager to talk. Later in the day she reverts to her quiet and isolated behaviour.

4. A middle aged man, recovering from fractured ribs is extremely stubborn about cooperating with his treatment. He frequently questions you about the need and dosage of his medications and refuses to do any chest physiotherapy. He will not discuss why he refuses to cooperate and states that he is the best judge of what he needs.

For each scenario the respondents were asked to describe:

1. Why they thought the patient was displaying the particular behaviour.
2. How they felt when caring for individuals exhibiting these behaviours.
3. What they would do as a response.
4. What they thought the effect of their response would have on the persons' subsequent behaviour.

RESULTS

Difficult Patient Reaction Inventory

This instrument provided data about the ability of the nurses to identify the goals of the patients behaviour, the emotional responses of the nurses, their proposed behavioural response and their prediction of the subsequent behaviour of the patient. As respondents were able to provide more than one answer to each question, the total responses are greater than 30 in some tables.

Table 1. Reasons given for the behaviour in scenario 1.

Reason	Number of responses	Percentage
Fear	15	41.6
Anxiety	14	38.8
Lack of knowledge	3	8.3
Other	4	11.1
Total	36	100.0

Table 2. Feelings reported by the nurses to scenario 1.

Feeling	Number of responses	Percentage
Frustration	16	50
Anger	9	28.1
Tolerance	3	9.3
Concern	3	9.3
Other	1	3.1
Total	32	100.0

Table 3. Proposed response to the behaviour in scenario 1.

Response	Number of responses	Percentage
Give reassurance	22	62.8
Give explanation	6	17.1
Discuss with patient	3	8.5
Encourage	2	5.7
Other	2	5.7
Total	35	100.0

Table 4. Expected result of the nurses' response in scenario 1.

Result	Number of responses	Percentage
Positive	14	43.7
Unchanged	6	18.7
Unknown	6	18.7
Anger	2	6.2
Other	4	12.5
Total	32	100.0

Table 5. Reasons given for the behaviour in scenario 2.

Reason	Number of responses	Percentage
Pain	17	33.3
Frustration	13	25.4
Anger	9	17.6
Fear	7	13.7
Other	5	9.8
Total	51	100.0

Table 6. Feelings reported by the nurses to scenario 2.

Feeling	Number of responses	Percentage
Frustration	12	40
Understanding	6	20
Empathy	4	13.3
Other	8	26.6
Total	30	100.0

Table 7. Proposed response to the behaviour in scenario 2.

Response	Number of responses	Percentage
Counsel	15	39.4
Give more effective analgesia	12	31.5
Educate	6	15.7
Ignore	2	5.2
Other	3	7.8
Total	38	100.0

Table 8. Expected result of the nurses' response in scenario 2.

Result	Number of responses	Percentage
Positive	25	83.3
Unknown	5	16.6
Total	30	100.0

Table 9. Reasons given for the behaviour in scenario 3.

Reason	Number of responses	Percentage
Low self-esteem	11	36.6
Shyness	6	20
Fear	5	16.6
Other	8	26.6
Total	30	100.0

Table 10. Feelings reported by the nurses to scenario 3.

Feeling	Number of responses	Percentage
Frustration	5	16.6
Anger	4	13.3
Empathy	4	13.3
Concern	3	10
Sadness	3	10
Other	11	36.6
Total	30	100.0

Table 11. Proposed response to the behaviour in scenario 3.

Response	Number of responses	Percentage
Spend more time with patient	11	33.3
Introduce to other patients	8	24.2
Encourage	8	24.2
Reassure	4	12.1
Other	2	6
Total	33	100.0

Table 12. Expected result of the nurses' response in scenario 3.

Result	Number of responses	Percentage
Positive	21	70
Unchanged	3	10
Unknown	6	20
Total	30	100.0

Table 13. Reasons given for the behaviour in scenario 4.

Reason	Number of responses	Percentage
Fear	10	30.3
Pain	5	15.1
Anger	5	15.1
Pathological personality	5	15.1
Lack of knowledge	4	12.1
Other	4	12.1
Total	33	100.0

Table 14. Feelings reported by the nurses to scenario 4.

Feeling	Number of responses	Percentage
Frustration	20	66.6
Anger	5	16.6
Other	5	16.6

Total	30	100.0

Table 15. Proposed response to the behaviour in scenario 4.

Response	Number of responses	Percentage
Give explanation	21	65.6
Discuss with patient	5	15.6
Refer	4	12.5
Other	2	6.2
Total	32	100.0

Table 16. Expected result of the nurses' response in scenario 4.

Result	Number of responses	Percentage
Positive	15	50.0
Unchanged	10	33.3
Unknown	5	16.6
Total	30	100.0

DISCUSSION

The first scenario describes an attention getting mechanism of the active destructive type. The nurses attribute the behaviour of the patient predominantly to either fear or anxiety (n = 29) (Table 1). High levels of frustration and anger (n = 25) are reported in dealing with this type of patient behaviour (Table 2). The responses suggested by the nurses are consistent with their assessment that the behaviour is a result of fear or anxiety; the majority (n = 22) indicating that they would offer the patient reassurance (Table 3). This finding appears unusual as the scenario states that the patient is unaffected by reassurance. A possible explanation may be that the nurses have only a limited repertoire of responses available to them for dealing with this form of behaviour. Almost half of the nurses (n = 14) felt optimistic of the success of reassuring the patient (Table 4) as a means of reducing the attention seeking behaviour. From the viewpoint of IP, the nurses have not identified the attention seeking goal of the patient. The nurses' response of giving the patient more reassurance would, therefore, give the person exactly what he wanted, attention. It is felt that the patients' attention seeking behaviour would continue, as it is achieving its objective. Dinkmyer et al. (1979) suggest that the approach to this behaviour should include: Ignoring the attention

seeking behaviour and giving the person attention and encouragement when he is not making a bid for it.

The second scenario describes a situation where the patient's goal is revenge being sought through active destructive means. The majority of nurses (n = 17) have focused on the patient's physical discomfort and identified pain as the main cause of the behaviour. Frustration was also noted by the respondents as a possibility for the abusive behaviour (Table 5). Frustration was the most frequently reported emotional response(n = 12), (Table 6), although a third of the nurses also noted that they empathised or understood the person's situation. This is not surprising, as the nurses felt that the behaviour was the result of pain. The proposed responses were also consistent with the pain hypothesis, with many nurses (n= 12) proposing an increase in the patients' analgesia (Table 7). Interestingly, a large number of nurses (n = 15) also suggested counselling. It may be that the nurses felt that the person needed to develop more acceptable forms of behaviour to coping with pain. A majority of nurses (n = 25) felt that their approach of reducing the pain experienced by the patient would lead to a positive outcome (Table 8). The inclusion of a patient experiencing pain in the scenario may have led the nurses to focus primarily on the physical discomfort and not to recognise the goal as revenge; although it may be that the nurses feel more comfortable in treating the situation as one to be resolved by a physical treatment rather than by psychological means. Dinkmyer et al. (1979) note that the goal of revenge represents the person's attempt to hurt others as he has been hurt or to get even with others. IP suggests that the most effective response to revenge seeking is to avoid punishment and to try to convince the person that he is accepted. This approach would be appropriate to the clinical environment, although some concession may have to be made in the short term for the person to adjust to the injuries that he has sustained and their possible sequelae.

Scenario three describes an attention getting mechanism of the passive destructive type.
The majority of nurses (n = 11) identified low self-esteem as the reason for the woman's quiet behaviour. Shyness and fear were other reasons reported as possibilities (Table 9.)
Frustration and anger were the most common feelings of the nurses(n = 9). This question resulted in a large number of other emotions being listed (Table 10). This may be a result of the broader number of possible reasons given by the nurses for the behaviour.
Table 11 indicates that the majority of nurses (n = 11) felt that they would spend more time with the woman. Encouragement and reassurance were the other responses proposed. Generally, nurses

felt that their interventions would result in a positive outcome for the woman (Table 12.). The majority of nurses were not able to identify the attention getting mechanism that was represented in the scenario. The response suggested by the nurses of spending more time with the woman, would be to do exactly what the woman wanted and could prolong her use of the behaviour. IP would suggest that the appropriate response to the behaviour of seeking attention in a passive destructive manner would be to provide attention when the person is not making a bid for it. In this case, it may be possible to give the woman attention when she is interacting in an active manner rather than when she is quiet.

Scenario four describes a male patient seeking power through passive destructive means.
The majority of nurses (n = 10) interpreted the behaviour as resulting from fear, although there was a fairly evenly distributed range of other possibilities suggested, including: pain, anger, lack of knowledge and the possibility of the man having a pathological personality problem (Table 13).
Frustration and anger were again the most frequently (n= 25) reported emotional response to the patient's challenging behaviour (Table 14). The most frequently reported response to the behaviour(n = 21) was to give explanation regarding the need for his treatment (Table 15). This finding is unusual, as the majority of nurses felt that the behaviour was a result of fear, but none of the nurses suggested any support or reassurance as they had with other patients who were identified as being fearful. It may be that the nature of the power seeking behaviour generated a degree of anger in the nurses that precluded them from wanting to give the man support. Table 16 indicates that the nurses were evenly divided in their opinions regarding the effects of their interventions. The nurses have not been able to identify the goal of the patient's behaviour as being power. The response of giving him information regarding the need for him to comply with the treatment would probably result in a continuation of the power struggle. The man may continue to challenge the nurses by not cooperating with their wishes. The nurses should withdraw from conflict with the patient when it occurs and they should realise that the man does in fact have power. They should attempt to enlist his cooperation by giving him responsibility for some aspects of his treatment. An unusual result appeared in the inconsistency of the nurses' interpretation of reasons for the behaviours and the subsequently proposed responses to the woman in scenarios two and those to the man in scenario four. The woman's behaviour was ascribed to fear and low self-esteem, and, as a result, the nurses proposed encouragement and reassurance as their

intervention. On the other hand, the man was also determined by the majority of nurses to be acting on the basis of fear, but the proposed responses to him did not include any encouragement or reassurance. The result raises the question of whether the nurses feel that encouragement is only required when a patient is both scared and has low self-esteem. Another possibility may be that the inconsistency in responses was due to the operation of a gender specific effect, which results in nurses perceiving women as being more likely to have a low self-esteem. Alternatively, the result may be a random effect due to the relatively small sample population.

The results of the study highlight the need to adequately prepare nurses for dealing with difficult patients in the clinical setting. The very high levels of frustration and anger reported to the difficult nurse/patient situations suggest that these nurses may be frequently exposed to interpersonal stressors and have no effective approaches in understanding or resolving the conflict. No consistent means of identifying the goals of the difficult behaviours were demonstrated and the management approaches proposed were felt to be likely to result in the continuation or increase of the difficult behaviour. Individual Psychology is proposed as a possible theoretical basis on which to develop educational programs at both the undergraduate and postgraduate levels, to assist nurses in dealing with difficult nurse/patient situations. The ultimate goals being to reduce nurses' stress and to enhance the quality of patient care

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Appendix 1.

University or College of Advanced Education	Psychology	Interpersonal skills	Psychopathology/ Mental health	Difficult Patient
Australian Catholic University 1. Queensland	+	+	+	No
Avondale College (NSW)	+	+	+	No
Charles Sturt University	+	+	+	No
Curtin University (WA)	+	+	+	No
Deakin University 1. Burwood Campus	+	+	+	No
2. Geelong Campus	+	+	+	No
3. Warnambool (Vic)	+	+	+	No
Edith Cowen University (WA)	+	+	+	No
Griffith University 1. Goldcoast Campus	+	+	+	No
2. Nathan Campus (Qld)	+	+	+	No
La Trobe University College of Northern Victoria	+	+	+	Elective unit in

		stress		
Monash University				
1. Frankston Campus	+	+	+	Stress in nursing management
Northern Territory University	+	+	+	No
Royal Melbourne Institute of Technology (Vic)	+	+	+	? Elective unit
University of New England				
1. Northern Rivers	+	+	+	No
2. Armidale (NSW)	+	+	+	Integrated in other units.

University or College	Psychology	Interpersonal Psychopathology/	Difficult Patient
of Advanced Education	skills	Mental health	
University of Central Queensland	+	+	+	No
University of South Australia	+	+	+	Integrated into other units
University of Western Sydney-Hawkesbury	+	+	+	No
Victoria University of Technology				
1. Footscray Campus	+	+	+	No
2. St Albans Campus (Vic)	+	+	+	Within other units Approx 8 Hours
Queensland University of Technology	+	+	+	No