

# Exploring Nurses' Perceptions of Patients in the Workplace: The Case of Difficult Patients

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**ABSTRACT**

**Background:** Communication is a vital aspect of life. It is vital that all healthcare professionals maintain reliable communication with their patients. **Aim:** This study aimed to exploring how nurses perceive "difficult patients" in their work environments and their approaches to these patients. **Methods:** This is a cross-sectional study. Data were collected from nurses who participated in the study via social media platforms between March 15 and June 15, 2021. In addition to the introduction section, the data were gathered using the "Difficult Patients and Communication Form" and the "Difficult Patients Questionnaire." **Results:** Of 359 participating nurses, 274 (75.2%) reported encountering difficult patients. On average, they scored three (3) points on the Difficult Patient Questionnaire (DPQ) and its sub-dimensions, indicating that nurses face challenges in communicating with patients perceived as difficult. The majority of nurses identified patients who were non-communicative (73%,  $n = 200$ ), refused treatment and cooperation (52.9%,  $n = 145$ ), or had emotional problems (35.8%,  $n = 98$ ). Nurses aged 51 and over showed statistically significant differences in the Patient Difficulty and Staff Discomfort subscales and in total scores on the Patient Difficulty Scale ( $P < 0.05$ ). These nurses also reported encountering difficult patients less frequently, whereas those in both the private and public hospitals encountered them more often. Most nurses reported experiencing communication difficulties primarily in clinical settings (62.4%,  $n = 171$ ) and during nursing practice (44.9%,  $n = 123$ ). **Data Access Statement:** The research data supporting this publication are available from Google Drive. **Conclusion:** Nurses frequently encountered patients with difficulties. To manage such interactions, patients should be actively involved in the care process in order to help align their expectations. Additionally, in-service training can be offered to nurses to enhance their communication and problem-solving skills when dealing with challenging patients.

**KEYWORDS:** Nurse patient relationship, nursing, patient nonadherence, patient selection

## INTRODUCTION

Communication is a vital aspect of life. People naturally seek to express themselves and share their social norms, values, and beliefs with others.<sup>[1]</sup> As social beings, effective communication is a fundamental skill, particularly in the nursing profession, where it plays a crucial role in patient care.<sup>[2-5]</sup> Nurses use communication techniques to identify and solve problems and in healthcare training, by establishing proper relationships through communication.<sup>[6,7]</sup> One of the most remarkable


goals of the nurse-patient relationship is the ability to make an individual feel comfortable. It is vital that all healthcare professionals maintain reliable communication with their patients. However, unmanageable or difficult situations that affect the quality of communication

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between patients and healthcare professionals are inevitable in the delivery of healthcare services. Nurses, like other health care professionals, often experience challenging interactions with patients in the workplace. These undesirable communication encounters, often referred to as “difficult,” involve patients who hinder effective communication. Terms like “difficult patient,” “hateful patient,” and “heartfelt patient” are used to describe patients who display aggression and create barriers to interaction.<sup>[8-11]</sup> During these encounters, nurses may experience heightened anxiety, anger, frustration, hopelessness, and pessimism, particularly as patients’ expectations of increased attention and support increase. This dynamic can also lead to a diminished sense of control for nurses throughout the care process. These undesirable communication encounters, often referred to as “difficult,” involve patients who hinder effective communication.<sup>[1]</sup>

Some patients may be labeled as “difficult” for a variety of reasons. Healthcare facilities often feel unpleasant and depersonalizing, causing them to lose control of their daily routine. Prolonged hospital stays and increasing needs can increase the likelihood of patients becoming overwhelmed, demanding, or challenging. Additionally, the illness itself represents a new phase of adaptation that affects not only the patient, but also the surrounding environment. A related study conducted in Chile found that patients’ negative attitudes toward therapists and treatment may stem from factors beyond their individual traits.<sup>[12]</sup> These factors can include inadequate clinician training, personality traits, attitudes, thoughts, behaviors, and external influences such as insufficient time, staffing, or specialized environments in which interactions with hospital staff occur.<sup>[7]</sup>

Difficult patients may exhibit a variety of challenging behaviors, such as being introverted, constantly demanding, overly acquisitive, aggressive, dangerous, attention-seeking, whiny, uncooperative, or sexually inappropriate. They may also be verbally non-communicative; ignore rules; and display anxiety, dishonesty, fear, stubbornness, or confusion. These patients are often described as seductive, abusive, having unexplained symptoms or poor hygiene, refusing to comply with care or treatment, and denying the existence of their illness.<sup>[4,13,14]</sup>

The healthcare team considers 15%–60% of patients as “difficult,”<sup>[15]</sup> highlighting that providing care for challenging patients is a widespread and critical concern. It is reasonable to suggest that some patients are perceived as “difficult” because they are occasionally dissatisfied with healthcare services during their treatment and care in hospitals. Longer hospital stay can also be viewed as burdensome or exhausting.

Furthermore, illness introduces a new adjustment process that likely impacts both the individual and environment.<sup>[16]</sup> A related study conducted in Chile found that factors beyond patients’ internal characteristics may contribute to their negative attitudes toward healthcare providers and the treatment process.<sup>[17]</sup> These factors can include inadequate training of the therapist, personality traits, attitudes, thoughts, behaviors, healthcare facility characteristics, and the lack or insufficiency of resources, such as staff and time, and specific conditions in that the patient interacts with the healthcare system.<sup>[17-19]</sup> The rapid increase in the number of patients requiring care, along with their unique situational experiences, significantly contributes to the perception of ‘difficult patients’ among both the patients and caregivers. This research underscores the importance of addressing both the negative psychological consequences and potential benefits of managing difficult patient interactions.<sup>[20]</sup>

During the quarantine process for individuals who had come into contact with the (SARS) virus, common negative emotions such as anxiety, irritability, sadness, and guilt were observed, as reported in studies on the psychological effects of epidemic quarantine.<sup>[21]</sup> Additionally, feelings of loneliness and isolation often arise when individuals are unable to maintain their routine activities and relationships with family and friends.<sup>[22]</sup>

Healthcare professionals, particularly nurses, often worry about the risk of transmitting illnesses to those around them, including their families, friends, and colleagues. This concern, combined with experienced or perceived ambiguity and insecurity, leads to heightened levels of stress, anxiety, and depressive symptoms<sup>[22,23]</sup> Such high stress levels may have long-term psychological effects, resulting in decreased patient tolerance and communication difficulties. Several studies explored the reasons behind the increasing number of patients classified as “difficult,” attributing this rise to factors related to both healthcare professionals and the current healthcare system, as well as patient-related elements. This study aimed to identify the patient-related factors that contribute to this trend.

### Research questions

This study aimed to assess how nurses perceive the “difficult patients” in their work environment and to explore ways to improve their perception of and accessibility to these patients.

1. How do nurses perceive “difficult patients” in their work environments?
2. What are the behavioral characteristics of difficult patients according to the nurses?
3. Under what circumstances do nurses encounter difficult patients in their work environment?

4. What is the relationship between nurses' sociodemographic characteristics and their experience with difficult patients?

## METHODS

### Study design

This was a descriptive cross-sectional study. Due to restrictions imposed by the Ministry of Health in Turkey, which prohibited face-to-face studies during the COVID-19 pandemic, the researchers contacted the nurses online. These nurses were active users of social media platforms such as Facebook, Instagram, Telegram, WhatsApp, and email. The data were collected between March 15 and June 15, 2021.

### Setting and sampling

No sample selection was performed for this study. All nurses who voluntarily agreed to participate and completed the online questionnaire were included in this study. The initial research sample comprised 359 nurses working in surgical, internal medicine, and intensive care units as well as in primary healthcare facilities. However, 20 nurses who were granted access to the survey did not complete it, and 65 nurses left it incomplete. The final sample consisted of 274 nurses who participated in the study.

### Ethical considerations

Approval for the study was obtained from the Cyprus International University Ethics Committee (020-4529, June 8<sup>th</sup> 2021) prior to its commencement. The General Directorate of Health Services of the Ministry of Health (2021-07-25T23\_23\_44) granted permission to use the scale.

### Measurement

The current study utilized the Nurse Introductory Information Form, which was prepared by researchers based on a literature review, and the Difficult Patient Introductory Information Form, which focuses on difficult patients. The Nurse Introductory Information Form includes questions on demographic data, professional characteristics, working conditions, and COVID-19 infection status.

The "Difficult Patient Questionnaire" (DPQ) asks about the types of cases nurses consider as difficult patients, as well as their characteristics.

### Difficult patient introductory information form

Kistler (2011)<sup>[23]</sup> and Hahn *et al.* (1996)<sup>[24]</sup> prepared the Difficult Patient Interaction Survey, while Çelik (2012)<sup>[13]</sup> created the Difficult Patient Questionnaire (DPQ) using the Difficult Physician-Patient Survey. The DPQ consists of 35 questions rated on a 5-point Likert scale

and is translated into Turkish. Çelik *et al.* reported a Cronbach's alpha value of 0.903 for the DPQ, whereas our study reported a value of 0.811.

The DPQ is comprised of four subscales.

1. **Difficulty of the Patient:** This subscale includes 13 statements measuring how challenging healthcare professionals find patients and the extent of the difficulty posed by the patient.
2. **Staff Discomfort:** Comprising 14 statements, this subscale assesses how negatively healthcare professionals are affected by interactions with difficult patients.
3. **Adjustment and Communication Problems:** This subscale consists of five statements that reflect difficulties in communication between the patient and healthcare staff, and the patient's adherence to the treatment process.
4. **Calming Behavior:** The Reassuring Behavior dimension includes three statements and evaluates patients' inappropriate sexual attitudes, words, and behaviors toward health care personnel.

### Data collection

The researcher contacted nurses who actively used social media platforms (Facebook, Instagram, Telegram, WhatsApp, mail, etc.) between March 15 and June 15, 2021.

### Data analysis

Descriptive statistics, such as frequency, percentage, mean, and standard deviation, were used to analyze the data. For normally distributed data, the independent samples *t*-test was used for comparisons between two groups. For comparisons involving more than two groups, an *F*-test was performed. For homogeneity of variance, the Bonferroni test was used to ascertain group differences. The Tamhane test was used in cases in which the Bonferroni test was not performed. In addition, the results of Welch's *F*-test were considered for data that failed to show variance homogeneity. The Kruskal-Wallis *H* test was employed in cases where the sample size in each group was very small.

## RESULTS

Of the 274 nurses who participated in the study, 85% ( $n = 233$ ) were female. The majority (50.7%,  $n = 139$ ) were aged 41–50 years, 13.5% ( $n = 37$ ) were aged 51 years or older, and 58% ( $n = 159$ ) were married. In terms of educational background, 6.6% ( $n = 18$ ) were high school graduates and 55.8% ( $n = 153$ ) were undergraduates. Regarding work settings, 43.8% ( $n = 120$ ) worked in training and research hospitals, 20.4% ( $n = 56$ ) worked in state hospitals,

**Table 1: Comparison of sociodemographic characteristics of nurses and the DPQ**

Features	n %	Patient Difficulty X±SD	Staff Discomfort X±SD	Adjustment and Communication Problems X±SD	Calming Behavior X±SD	Total X±SD
<b>Gender</b>						
Female	233 (85.0)	3.34±0.49	3.12±0.44	3.67±0.53	3.06±0.85	3.28±0.39
Male	41 (15.0)	3.32±0.42	3.04±0.37	3.60±0.44	3.02±0.88	3.22±0.36
<i>t</i>		0.280	1.172	0.826	0.272	0.864
<i>P</i>		0.779	0.242	0.410	0.786	0.388
<b>Age</b>						
20–30 age	58 (21.2)	3.38±0.37	3.12±0.36	3.58±0.46	2.98±0.78	3.27±0.30
31–40 age	40 (14.6)	3.40±0.44	3.13±0.51	3.73±0.44	3.08±0.66	3.31±0.39
41–50 age	139 (50.7)	3.37±0.48	3.16±0.42	3.66±0.54	3.06±0.90	3.30±0.39
51 and above	37 (13.5)	3.05±0.60	2.91±0.46	3.67±0.55	3.08±0.99	3.09±0.45
<i>F</i>		3.396 W	3.292	0.726	0.161	3.336
<i>P</i>		0.021*	0.021*	0.537	0.923	0.020*
Post-hoc		4<1, 2, 3	4<3			4<3
<b>Marital status</b>						
Married	159 (58.0)	3.32±0.51	3.11±0.45	3.65±0.53	3.05±0.85	3.26±0.40
Single	115 (42.0)	3.36±0.45	3.11±0.41	3.66±0.50	3.04±0.86	3.28±0.37
Test Value		-0.541	-0.048	0.798	0.105	-0.267
<i>P</i>		0.589	0.962	0.936	0.916	0.789
<b>Education Level</b>						
High School	18 (6.6)	3.31±0.37	3.21±0.38	3.69±0.49	3.11±0.72	3.31±0.32
Associate degree	50 (18.2)	3.25±0.6	3.02±0.58	3.71±0.54	3.03±0.96	3.21±0.51
Bachelor	153 (55.8)	3.34±0.46	3.12±0.4	3.61±0.5	3.03±0.84	3.27±0.37
Graduate and Master\ PhD	53 (19.3)	3.41±0.44	3.13±0.39	3.74±0.52	3.1±0.87	3.32±0.32
Test Value		0.913W	1.065	0.140	0.124	0.726W
<i>P</i>		0.440	0.365	0.333	0.946	0.540
<b>Institution</b>						
Health Department <sup>1</sup>	19 (6.9)	3.37±0.42	2.92±0.52	3.65±0.71	3.3±1.05	3.22±0.43
Family Health Center	26 (9.5)	3.41±0.48	3.13±0.48	3.61±0.66	2.96±0.88	3.29±0.4
Community Health Center <sup>2</sup>						
University Hospital <sup>3</sup>	21 (7.7)	3.14±0.43	3.00±0.46	3.48±0.58	2.86±1.02	3.11±0.37
Training and Research Hospital <sup>4</sup>	120 (43.8)	3.39±0.46	3.16±0.39	3.7±0.46	3.25±0.74	3.33±0.36
Public Hospital <sup>5</sup>	56 (20.4)	3.47±0.44	3.21±0.38	3.74±0.43	2.87±0.88	3.35±0.33
Private Hospital <sup>6</sup>	9 (3.3)	3.10±0.29	3.03±0.31	3.53±0.52	2.85±0.58	3.10±0.20
Other <sup>7</sup>	23 (8.4)	2.97±0.50	2.61±0.86	3.53±0.52	2.90±0.55	2.92±0.62
Kruskal Wall is value		23.109	14.583	6.772	20.485	23.458
<i>P</i>		0.001*	0.024*	0.342	0.002*	0.001*
Post-hoc		9<4, 5	9<4, 5		9<4	9<4, 5
<b>Work experience</b>						
Less than 1 year <sup>1</sup>	13 (4.7)	3.30±0.29	2.93±0.25	3.51±0.39	2.79±0.35	3.14±0.19
1–5 years <sup>2</sup>	44 (16.1)	3.38±0.37	3.13±0.38	3.57±0.49	2.96±0.87	3.27±0.32
6–10 years <sup>3</sup>	9 (3.3)	3.60±0.42	3.23±0.29	3.64±0.38	2.85±0.38	3.39±0.27
11–15 years <sup>4</sup>	17 (6.2)	3.37±0.49	3.13±0.56	3.68±0.41	3.39±0.93	3.32±0.47
16–20 years <sup>5</sup>	26 (9.5)	3.44±0.33	3.19±0.30	3.79±0.53	3.22±0.65	3.37±0.26
More than 20 years <sup>6</sup>	165 (60.2)	3.29±0.54	3.10±0.47	3.67±0.54	3.04±0.91	3.25±0.42
Kruskal Wallis value		6.421	5.712	5.845	6.609	6.436
<i>P</i>		0.267	0.335	0.322	0.251	0.266

\**P*<0,05

4.7% (*n* = 12) had less than one year of experience, and 60.2% (*n* = 165) had been employed for over 20 years.

Analysis of the DPQ and its sub-dimensions revealed no significant differences based on sex, marital status,



**Table 2: Definitions and characteristics of difficult patients according to nurses**

Features	n (%)
Difficult Patient definitions (Multiple options marked) n=274	
Unable to communicate with a patient	200 (73.0)
Patient refusing treatment-uncooperative	145 (52.9)
Patient with emotional problems (anxiety, stress, agitation, aggression, etc.)	98 (35.8)
The patient's lack of trust in the system, the team, and students	79 (28.8)
Difficult relatives of the patient	71 (25.6)
The patient whose clinical condition is severe and complex	70 (25.5)
The patient who cannot or does not give any medical history	28 (10.2)
Patients with different levels of knowledge and education	18 (6.6)
No difficult patients	4 (1.5)
Characteristics of Difficult patients (More than one option marked) n=274	
Uncooperative patient	201 (73.4)
Angry Patient	200 (73.0)
Disabled patient	200 (73.0)
Mentally Handicapped Patient	58 (21.2)
Patients with sexually explicit behavior	51 (18.6)
Terminal (dying) patient	41 (15.0)
Cancer Patients	41 (15.0) s
Patients with Excessive Demands	38 (13.9)
Crying Patient	26 (9.5)
Patient with a Physical Disability	7 (2.3)

educational level, or working hours. However, there were statistically significant differences related to age, with differences in scores for the patient difficulty and staff discomfort sub-dimensions, as well as the total DPQ score. Nurses aged 51 years and older had lower scores on the patient difficulty subdimension than younger nurses. For the staff discomfort subdimension, multiple comparison tests showed that nurses aged 51 years and older scored lower than those aged 41–50 years did. Similarly, the total DPQ scores were lower for nurses aged 51 years and older than for those aged 41–50 years [Table 1]. A statistically significant difference was also found in the sub-dimensions of patient difficulty, staff discomfort, and DPQ total score based on the facility in which the nurses worked ( $P < 0.05$ ). Nurses working in facilities other than public and private hospitals reported lower scores for patient difficulty and staff discomfort. Regarding staff discomfort, those working in other facilities scored lower than those working in public hospitals. Overall, employees in other facilities had lower DPQ scores than those in public and private hospitals (Patient Difficulty: KW 23.109; Staff Discomfort: KW 14.583; Staff Discomfort: KW 20.485; and Total DPQ: KW 23.458) [Table 1].

**Table 3: Nurses' communication experiences with difficult patients**

Features	n (%)
Area encountered with difficult patients (Area encountered)	
Clinic	171 (62.4)
Outpatient care	87 (31.8)
Primary Care	33 (12.0)
Private hospital	31 (11.3)
Other (workplace, hotel, nursing home, etc.)	20 (7.3)
How do nursing home with difficult patients? (Area encountered)	
Anxiety	80 (29.2)
Despair	45 (16.4)
Hopelessness	43 (15.7)
Anger	31 (11.3)
Fear	20 (7.3)
On which subjects do nurses have more difficulties in communicating with patients in clinical practice? (Area encountered)	
While giving care	123 (44.9)
When taking a history	101 (36.9)
While informing the patient	99 (36.1)
When taking	86 (31.4)
During a physical examination	26 (9.5)
Introductory meeting	23 (8.4)

Nurses were asked to define “difficult patients” and to respond to multiple questions regarding their characteristics. The results indicated that the participating nurses primarily classified difficult patients as those who could not communicate with them (73%), those who refused treatment or did not cooperate during care (52.9%), and those with emotional problems (35.8%). When describing the characteristics of difficult patients, nurses most commonly identified them as uncooperative (73.4%), angry (73%), or mentally ill (21.2%) [Table 2].

According to the participating nurses, difficult patients were most frequently encountered in patient clinics (62.4%) and areas where protective care was provided. When dealing with difficult patients, nurses reported feeling worried (29.2%), helpless (16.4%), and fearful (7.3%). They also faced communication challenges when providing care (44.9%), taking patient histories (36.9%), or providing information about diseases (36.1%) [Table 3]. Most nurses (83.2%) reported encountering difficult patients, which led to statistically significant differences in the scores for the patient difficulty, adjustment, communication, and total DPQ sub-dimensions. Nurses who reported dealing with difficult patients had higher scores in these areas than those who did not [Table 4].

When nurses successfully intervened in difficult patient behaviors, there was a statistically significant difference

**Table 4: Comparison of the DPQ with the difficult patient experiences that nurses encounter in the work environment**

Features	N (%)	Patient difficulty X±SD	Staff Discomfort X±SD	Adjustment and Communication Problems X±SD	Calming Behavior X±SD	Total X±SD
Encountering the Difficult Patient (n=274)						
Yes	228 (83.2)	3.36±0.49	3.12±0.43	3.69±0.50	3.09±0.85	3.29±0.38
No	46 (16.8)	3.20±0.44	3.05±0.46	3.50±0.55	2.84±0.87	3.15±0.38
<i>F</i>		2.132	1.006	2.216	1.826	2.212
<i>P</i>		0.034*	0.315	0.028*	0.069	0.028*
Were there nesses where you were successful in your interventions when you encountered a difficult patient? (n=274)						
Yes	159 (58.0)	3.23±0.50	2.99±0.42	3.62±0.55	2.88±0.81	3.16±0.38
Partially	115 (42.0)	3.48±0.43	3.28±0.40	3.70±0.46	3.29±0.87	3.41±0.34
<i>t</i>		-4.234	-5.706	-1.312	-4.007	-5.602
<i>P</i>		0.000*	0.000*	0.0191	0.000*	0.000*
Do you need counseling in communicating with difficult patients? (n=274)						
Yes <sup>1</sup>	57 (20.8)	3.47±0.38	3.14±0.44	3.87±0.52	3.28±0.95	3.38±0.34
Partially <sup>2</sup>	168 (61.3)	3.32±0.49	3.11±0.4	3.63±0.48	3.07±0.83	3.26±0.37
No <sup>3</sup>	49 (17.9)	3.23±0.55	3.09±0.53	3.50±0.54	2.72±0.72	3.17±0.46
<i>F</i>		4.383 <sup>W</sup>	0.208	7.886	5.934	4.167
<i>P</i>		0.015*	0.813	0.000*	0.003*	0.016*
Post-hoc		1>3		1>2,3	1,2>3	1>3
Did the difficult patients you meet affect your view of the profession? (n=274)						
Yes <sup>1</sup>	65 (23.7)	3.47±0.41	3.17±0.41	3.70±0.46	3.03±0.73	3.35±0.31
Partially <sup>2</sup>	107 (39.1)	3.33±0.48	3.16±0.43	3.70±0.51	3.25±0.90	3.31±0.40
No <sup>3</sup>	102 (37.2)	3.25±0.51	3.02±0.44	3.58±0.54	2.86±0.84	3.17±0.40
<i>F</i>		4.242	4.020	1.879	5.735	5.427
<i>P</i>		0.015*	0.019*	0.155	0.004*	0.005*
Post hoc		1>3	2>3		2>3	1,2>3
Are patients admitted during the COVID-19 process more difficult theotherapies? (n=274)						
Yes <sup>1</sup>	61 (22.3)	3.49±0.43	3.16±0.47	3.89±0.60	3.33±0.98	3.40±0.37
Partially <sup>2</sup>	150 (54.7)	3.32±0.53	3.10±0.46	3.61±0.46	3.03±0.83	3.25±0.41
No <sup>3</sup>	63 (13.0)	3.22±0.37	3.09±0.33	3.53±0.47	2.82±0.71	3.18±0.30
<i>F</i>		6.743	0.450	7.118	5.595	6.713
<i>P</i>		0.002*	0.538	0.001*	0.005*	0.002*
Post hoc		1>3		1>2,3	1>3	1>2,3

\**P*<0.05**Table 5: Comparison of nurses' COVID-19 infection status with DPQ**

COVID-19 Disease Transmission Situations Features	n (%)	Patient Difficulty X±SD	Staff Discomfort X±SD	Adjustment and Communication Problems X±SD	Calming Behavior X±SD	Total X±SD
Yes	74 (27.0)	3.33±0.37	3.15±0.35	3.63±0.44	3.12±0.83	3.28±0.31
No	200 (73.0)	3.34±0.52	3.10±0.46	3.67±0.54	3.02±0.86	3.26±0.41
<i>t</i> -test		-0.121	1.095	-0.569	0.844	0.512
<i>P</i>		0.903	0.275	0.604	0.400	0.609

in the scores for the sub-dimensions of patient difficulty, healthcare personnel discomfort, calming behavior, and total

DPQ. Nurses who felt partially successful scored higher than did those who felt completely successful [Table 4].

This study also examined whether encounters with difficult patients affected nurses' views of their profession. Statistically significant differences were found in the scores for patient difficulty, staff discomfort, calming behavior, and overall Difficult Patient subscale score ( $P < 0.05$ ). Specifically, those who had completely changed their perspectives had higher scores in the Difficult Patient sub-dimension than those who had not changed their perspectives. For the Discomfort and Calming behavior subdimensions, those who had partially changed their perspectives scored higher than those who had not changed at all. For the overall Difficult Patient Scale, those who had completely changed their perspectives had higher scores than those who had partially changed or did not change their perspectives.

The scores on the Difficult Patient, Staff Discomfort, Calming Behavior, and Adjustment and Communication Problems subdimensions were found to have a statistically significant difference ( $P < 0.05$ ) according to whether encountering difficult patients influenced nurses' views of their profession. Regarding the Difficult Patient dimension, those who completely changed their perspectives scored higher than those who did not. For the Staff Discomfort and Calming Behavior subdimensions, those who partially changed their perspectives scored higher than those who did not. Finally, for the overall Difficult Patient Scale, those who completely changed their perspectives scored higher than those who partially changed and those who did not. When the nurses were asked whether patients who were admitted during the COVID-19 pandemic period were more difficult than other patients, 22.3% ( $n = 61$ ) answered affirmatively and 54.7% ( $n = 150$ ) answered partially affirmatively. The sub-dimensions of patient difficulty, adaptation and communication, calming behavior, and the difficult patient scale showed statistically different results ( $P < 0.05$ ). For the Difficult Patient and Calming Behavior sub-dimensions, the scores of those who considered them to be completely difficult were higher than those of those who did not consider them to be difficult. For the Adjustment and Communication sub-dimension and Difficult Patient Scale total scores, those who considered themselves to be completely difficult had higher scores than those who considered themselves to be partially difficult [Table 4].

Two-thirds of the nurses did not contract COVID-19 and there was no significant difference in the total scores on the DPQ and its subdimensions between those who had the disease and those who did not [Table 5].

## DISCUSSION

Considering the characteristics or nature of their illnesses, some hospitalized patients may not be psychologically suited to proper communication. However, patients expect skillful communication and sufficient attention from healthcare staff. Healthcare workers may fail to provide quality communication because they are in constant contact with people affected by health problems, have too many tasks, or show inadequate individual communication skills.<sup>[11]</sup> Therefore, the concept of "difficult patient" has arisen which defines the patient or patient group who makes it difficult for the nurse or the physician to communicate with the patient and establish an available therapeutic relationship.<sup>[9]</sup>

Çelik found that female employees tended to see patients as more difficult than male workers ( $Z = -3.259$ ,  $P = 0.001$ ) and that married nurses found patients to be more difficult than single nurses.<sup>[13]</sup> The vast majority of the nurses indicated that they encountered difficult patients, adding that they had difficulty communicating with them. Some studies concluded that nurses did not discriminate between difficult patients and that they provided appropriate care for each patient, but tended not to be willing to communicate with them.<sup>[25]</sup> The mean score of the DPQ and its subdimensions was three (3).<sup>[26]</sup>

The study performed by us with healthcare workers using the same scale showed the same average score, except for seductive behavior. The present study observed that nurses defined those who could not communicate, refused treatment, did not cooperate, and had emotional-spiritual problems as "difficult patients." In studies by the WHO,<sup>[9]</sup> nursing students defined patients as difficult based on similar characteristics. Hahn *et al.* (1996) reported difficulties in communicating with patients who were considered too challenging to care for and identified those with emotional problems as "the most difficult patients."<sup>[24,26]</sup> Nursing students indicated that their communication skills and perceptions of difficult patients during the care process affected their interactions, particularly with elderly patients (65.8%). When asked about the characteristics of difficult patients, they described them as having communication problems, being stubborn, grumpy, complaining about everything, having emotional problems, lacking cooperation, not trusting the team, and having prejudices,<sup>[10]</sup> thus identifying non-cooperative individuals as difficult patients.<sup>[1]</sup> Çıtak *et al.* (2011)<sup>[3]</sup> found that nurses mostly encountered communication problems (74.7%) with their patients.

Nurses identify patients who exhibit dangerous behavior, yell, refuse treatment, complain of severe pain, constantly shout, make excessive demands, and ask numerous questions as difficult patients.<sup>[3]</sup> To address this perception of patients as difficult and improve cooperation, healthcare providers should take measures to enhance communication with these patients. Nurses should engage with patients through honesty, empathy, and trustworthiness, while maintaining active listening and non-judgmental communication.<sup>[9]</sup> Additionally, practical communication courses for nursing students should be expanded.<sup>[1]</sup> Nurses should focus on developing fundamental communication skills, conflict resolution, and problem-solving skills.<sup>[3]</sup> Karakaş and Polat (2022)<sup>[27]</sup> highlighted that encountering difficult patient behaviors negatively affects nurses' self-perception and communication skills.

A related study highlighted the establishment of a committee chaired by physicians to address communication problems with difficult hemodialysis patients.<sup>[16]</sup> Janosevic *et al.* (2019)<sup>[18]</sup> concluded that having a healthcare worker specializing in communication skills can lead the healthcare team to significantly improve the working environment for both staff and patients. Çelik (2012)<sup>[13]</sup> found that 30% of healthcare professionals considered patients to be difficult, describing them as challenging, manipulative, extremely demanding, annoying, and constantly complaining. These patients are often incompatible and aggressive, making communication particularly challenging. The high prevalence of difficult patients and the extensive qualifications associated with them in studies involving nurses and nursing students can be attributed to the fact that nurses are significant healthcare workers who directly interact with patients both qualitatively and quantitatively.

The study indicated that individuals who perceived nurses as partially successful in managing difficult patient behaviors and those needing communication counseling had higher scores on the DPQ. Tunca (2019)<sup>[1]</sup> found that nursing students experienced difficulties communicating with challenging patients and felt moderately successful in these interactions. The most common and effective strategy for managing difficult patients is to communicate calmly.<sup>[1]</sup> However, nursing students often prefer to improve their communication process positively.<sup>[3]</sup> The study revealed that 57.8% of nurses chose inappropriate approaches.<sup>[3]</sup> Although positive communication strategies are taught in nursing education, their applications in the workplace often diminish. Continuous training in communication skills is crucial for nurses even after graduation.

Nurses working in both private and public hospitals scored higher on the scale and its sub-dimensions than other respondents. This can be attributed to their experience in residential treatment facilities and encounters with difficult patients, which were most frequently reported in hospitals (62.4%). While nurses in various studies have indicated that difficult patients are most commonly encountered in departments such as surgery, cardiology, pediatrics, geriatrics, oncology, and emergency departments, difficult patients can be found in every clinic.<sup>[3]</sup>

The current study revealed that the participating nurses felt that their encounters with difficult patients impacted their views of the profession. A related study of nursing students found that they frequently expressed concerns about the difficulties of the profession, which significantly affected them.<sup>[1]</sup>

The participating nurses reported experiencing anxiety, helplessness, and hopelessness when communicating with difficult patients. When faced with such patients, nurses may become disillusioned and distanced themselves both physically and emotionally. During the pandemic, nurses experienced compassion fatigue due to physically and psychologically demanding conditions that affected their ability to provide quality ethical care. This fatigue undermines the level of care that patients receive, and it is imperative for nurses to show respect, dignity, and compassion to all patients. This commitment to patient care is reflected in nursing theories, such as Eriksson's, which emphasizes treating individuals with dignity as the core of nursing care.<sup>[16]</sup>

### Strengths and limitations

The strength of the current study lies in the inclusion of nurses from various fields, providing a broad perspective of difficult patients. However, a limitation of this study is that it was conducted during the pandemic period, which may have influenced the response rate and nature of the nurses' answers to the survey.

### CONCLUSION

Nurses frequently encounter patients classified as difficult. To manage these interactions more effectively and reduce nurses' expectations, patients should be more actively involved in their care processes. Additionally, providing in-service training to enhance nurses' communication skills and problem-solving abilities may be beneficial. Future research should explore the underlying reasons why patients are perceived as difficult by considering factors related to patients themselves, healthcare workers, and healthcare institutions.



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## Conflicts of interest

There are no conflicts of interest.

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