

Student Difficulties Communicating with Patients and Their Perceptions of the Characteristics of Difficult Patients

Öğrencilerin Hastalarla İletişimde Karşılaştıkları Güçlükler ve Zor Hasta Algıları

Gülşah ACAR, Kadriye BULDUKOĞLU

SUMMARY

Objectives: This study aims to identify the difficulties that nursing and medicine students encounter in communicating with patients and perceptions of the characteristics of difficult patients.

Methods: The study was conducted with 583 students (359 nursing students and 224 medicine students) in Akdeniz University Antalya School of Health and Faculty of Medicine. The data were obtained using the form "Difficult Patient Perception by Nursing and Medical Students and Identification of Difficult Patient Communications" and the "Communication Skills Inventory" form.

Results: 75.8% of the nursing students and 92.0% of the medical students were found to encounter difficult patients, and "the non-communicative patients" were identified as difficult by both the nurse and medical student groups. The average general communication skill scores for the nursing and medical students on the Communication Skills Inventory were 118.27 ± 13.29 and 117.55 ± 10.48 , respectively. The students were found to have difficulty communicating with difficult patients and need further communication instruction.

Conclusion: Communication courses in the health education curriculum should be reorganized and become applied courses in order to facilitate communication between students and patients.

Keywords: Communication; difficult patient; medical education; nursing education; student.

ÖZET

Amacı: Bu çalışma hemşirelik ve tıp öğrencilerinin hastalarla iletişimde karşılaştıkları güçlükler ile zor hasta algılarının tanımlanması amacıyla yapılmıştır.

Gereç ve Yöntem: Çalışma Akdeniz Üniversitesi Antalya Sağlık Yüksekokulu ve Tıp Fakültesi'nde okuyan 583 öğrenci (Hemşirelik=359, Tıp=224) ile yapılmıştır. Veriler, "Hemşirelik ve Tıp Öğrencilerinin Zor Hasta Algısı ve Zor Hasta İletişimlerinin Belirlenmesine Yönelik Form" ile "İletişim Becerileri Envanteri" kullanılarak elde edilmiştir.

Bulgular: Hemşirelik öğrencilerinin %75.8'inin, tıp öğrencilerinin %92.0'sinin zor hasta ile karşılaştığı belirlenmiş ve her iki grup öğrenci için "iletişim kurulamayan hasta"nın zor hasta olduğu saptanmıştır. İletişim Becerileri Envanteri'nden, hemşirelik öğrencilerinin aldığı genel iletişim becerisi puan ortalaması 118.27 ± 13.29 , tıp öğrencilerinin 117.55 ± 10.48 olarak bulunmuştur. Öğrencilerin zor hastalarla iletişimde güçlük yaşadıkları ve danışmanlık gereksinimi duydukları saptanmıştır.

Sonuç: Öğrencilerin hastalarla iletişimlerini kolaylaştırmak için sağlık eğitimi müfredatında yer alan iletişim derslerinin yeniden düzenlenmesi ve uygulamalı işlenmesi önerilmektedir.

Anahtar sözcükler: İletişim; zor hasta; tıp eğitimi; hemşirelik eğitimi; öğrenci.

Introduction

Communication is a tool, nurses and medical students use to establish a therapeutic relationship with patients. During nursing communications, the focus is on the patient's needs and problems, and thus communication allows the nurse to obtain successful results after nursing intervention.^[1,2] Travelbee states that nurses use their knowledge and skills for three purposes during their communications with patients.^[3] These purposes are to know and understand the individual, to identify the individual's care and needs, and to achieve the goals of nursing care. Medicine is also a communication-

oriented health discipline based on the same interpersonal relationships as nursing. Studies have shown that doctor-patient communication has an important effect on increasing patients' health and quality of life. Communication between patients and health care staff members determines the level of benefit that patients gain from this relationship.^[4]

Communication is the cornerstone of interpersonal relationships, and sometimes situations arise that make communication difficult. Difficult situations that prevent communication include physicians, nurses, patients, diseases, unsuccessful treatment, problems in health care system, and insufficient social support.^[5-8] The literature defines a "difficult patient" as a patient with behaviors that prevent communication.^[9-13]

Difficult patients are the introverted, aggressive, dangerous, frightened, stubborn, confused, tempting, or offending patients who always make requests, aim to have secondary benefits, do not cooperate, have sex-oriented behaviors, do not make communicate verbally, disobey the rules, have high

Department of Psychiatric Nursing, Akdeniz University, Antalya

Correspondence (İletişim): Dr. Gülşah ACAR.
e-mail (e-posta): gulsahacar070@gmail.com

Psikiyatri Hemşireliği Dergisi 2016;7(1):7-12
Journal of Psychiatric Nursing 2016;7(1):7-12

Doi: 10.5505/phd.2016.20592

Submitted (Geliş tarihi): 16.01.2015 **Accepted (Kabul tarihi):** 14.12.2015

anxiety, lie, have unexplained symptoms, have poor hygiene, do not follow their care and treatment plans, or deny their diseases.^[8-11]

The literature shows that difficult patients are frequently encountered in clinics.^[14-17] Clinical practicum experience is included in undergraduate nursing and medical education in Turkey under the supervision of instructors. This study aims to identify the difficult patient behaviors perceived by nursing and medical students during their clinical practicum and the students' communication experiences with these patients.

Method

The population of this descriptive study is comprised of students attending Faculty of Medicine and Antalya School of Health, Department of Nursing of Akdeniz University. The whole student population was targeted, therefore no sampling selection was made. The study's inclusion criterion was students who participated in clinical practicum. There were 364 students in the Department of Nursing and 357 students in the Faculty of Medicine who met the criteria in the academic year when data was collected. The study population consisted of 721 students. However, only 583 students were included in the study since five students in the Department of Nursing and 133 students in the Faculty of Medicine declined to participate.

Measurement Tools

The study data were obtained using two forms. The first was the "Difficult Patient Perception by Nursing and Medical Students and Identification of Difficult Patient Communications" form. The form included multiple choice and open-ended questions to gather information on the students' demographic characteristics, their perceptions of the characteristics of "difficult patients" and their communications with difficult patients. These questions were formed upon screening the literature.^[8-11,14]

The second form is the "Communication Skills Inventory" form. The Communication Skills Inventory was first developed and used by Balcı (1998). The inventory was finalized by Eranlı and Balcı (1998) and consisted of 45 Likert-type questions. It measures mental, emotional and behavioral communication skills and includes 15 items for each subdimension. The lowest and highest possible score on this inventory are 45 and 225, respectively. A high score in the subdimensions and in total means a higher level of communication skills. The semi reliability coefficient was found to be $r=68$ in two semi tests. Eranlı and Balcı found the Cronbach's alpha coefficient of this inventory to be 72 in the test conducted to determine its internal consistency. In this study, the Cronbach's alpha coefficient of this inventory was found to be 69 in the test conducted to determine its internal consistency.^[18]

Application

The approval of the Ethics Committee of Akdeniz University Faculty of Medicine and the permissions of the management of Akdeniz University Antalya School of Health and Faculty of Medicine were obtained to conduct this study. A consent form was read and signed by the students who agreed to participate in the study, and the study's aim and scope were explained to the students. The researcher handed each student the questionnaire forms, and students were asked to answer the forms personally and in writing.

Limitations

The study was conducted with students registered at Akdeniz University and Faculty of Medicine Antalya School of Health, Department of Nursing in the 2009-2010 academic year. The data were obtained only from the students' statements; communication between students and patients was not observed. The students' answers to the questionnaire form's open-ended questions were analyzed and divided into groups according to their contents. A theme was then determined for each group. Expert opinions were sought from nursing instructors in the majors of Internal Diseases Nursing, Community Health Nursing, and Psychiatry Nursing, and from medical instructors in the Psychiatry major. Their expert opinions were received during data grouping and evaluating the suitability of the themes.

The determined themes were entered into the statistical program as quantitative data, and thus the students' open-ended answers were transformed into quantitative data. This qualitative data was then analyzed using the SPSS-16 statistical package. Descriptive statistics, the chi-square test, the Kruskal-Wallis test, the Mann-Whitney U test, and t-testing were used to evaluate the data.

Findings

The average ages of the nursing and medical students who participated in the study were 21.60 ± 2.07 years and 23.61 ± 1.51 years, respectively. 78% of the nursing students and 44.6% of the medical students were females (Table 1).

73.3% of the nursing students and 62.1% of the medical students stated that they had taken a communication course. Of the nursing students, 35.1% took this course during the first year of their university studies and 29.2% took this course during the second year of their university studies. Of the medical students, 46.9% took this course during the first year of their university studies. 41.5% of the nursing students and 13.8% of the medical students stated that the communications course shaped their communication with patients, and this difference between the two groups was found to be statistically significant ($\chi^2:81.31$, $p<0.001$). 19.8% of the nursing students and 16.5% of the medical students ex-

Table 1. Students' demographic characteristics

Age groups	Nursing (n=359)		Medical (n=224)	
	n	%	n	%
Age (Ave±SD)	21.60±2.07		23.61±1.51	
18–20	141	39.3	–	–
21–23	192	53.5	119	53.1
24 and older	26	7.2	105	46.9
Gender				
Female	280	78.0	100	44.6
Male	79	22.0	124	55.4
Year				
1	84	23.4	–	–
2	98	27.3	–	–
3	86	24.0	–	–
4	91	25.3	96	42.9
5	–	–	53	23.7
6	–	–	75	33.5
Type of clinic where practicum was performed*				
Internal units	355	98.8	220	61.2
Surgical units	292	81.3	211	58.7
Completed Communication Course				
Yes	263	73.3	139	62.1
No	96	26.7	85	37.9

*More than one statement were obtained from the students. SD: Standard deviation.

pressed that they learned “how to understand patients better” during the communication course. On the other hand, 28.8% of the medicine students and 0.4% of the nursing students expressed that “the communication course had not made a contribution” to their understanding of patients.

As seen in Table 2, the average communication skills score of the nursing students was 118.27±13.29, and of the

average score of the medical students was 117.55±10.48. No statistically significant difference was found between the communication skills scores of the students in terms of general communication or mental and behavioral communication skills ($p>0.05$).

Table 3 shows the distribution of difficult situations experienced by the students while communicating with patients

Table 2. Students' General Communication Skills Scores

	General Communication Skills	Mental Communication Skills	Emotional Communication Skills	Behavioral Communication Skills
	Ave±SD	Ave±SD	Ave±SD	Ave±SD
Nursing (n=359)	118.27±13.29	37.40±5.01	43.04±6.42	37.81±5.26
Medical (n=224)	117.55±10.48	37.73±4.44	42.08±5.40	37.73±4.24

SD: Standard deviation.

Table 3. The Difficult Situations Experienced by the Students while Communicating with Patients during Their Clinical Practicum Experiences

	Nursing (n=359)		Medical (n=224)		χ^2	p
	n	%	n	%		
During physical examination	141	24.5	84	19.5	0.18	0.668
While giving a bad, sad, or difficult news	133	23.1	82	19.0	0.011	0.915
While obtaining medical history	130	22.6	124	28.8	20.56	0.000
While giving care	60	10.4	38	8.8	0.00	0.930
During introduction interview	49	8.5	20	4.6	2.94	0.086
While informing the patient	45	7.8	71	16.5	31.77	0.000
I have no problems	6	1.0	2	0.5	0.61	0.432
Unanswered	12	3.34	10	2.3		

*The n value was multiplied since more than one answer were given to the questions.

during their clinical practicum experiences. Nursing students stated that they had the most difficulty during physical examinations (24.5%), and medical students stated that they had the most difficulty while obtaining medical history (28.8%). Other difficult situations the students faced included giving patients bad, sad, or difficult news and giving information.

Table 4 shows the distribution of students' perceptions of the characteristics of difficult patients. Both the nursing and the medical students perceived non-communicative patients as difficult patients (Nursing: 40.7%, Medical: 33.0%) ($\chi^2:11.62, p<0.001$). The nursing students stated that they also regarded patients who refuse treatment, are uncooperative, or have emotional problems as difficult patients in addition to the non-communicative patients. The medical students regarded patients who cannot give medical history or who give incomplete medical history as difficult patients in addition to the non-communicable patients.

Table 5 shows the distribution of the students who encountered difficult patients and the characteristics of the difficult patients they encountered. 75.8% of the nursing students and 92% of the medical students stated that they had encountered difficult patients. The difference between the groups was statistically significant ($\chi^2:24.75, p<0.001$). Both the nursing students and the medical students had encountered "angry patients" more often than any other type of difficult patient (Nursing: 33.2%, Medical: 30.8%). This difficult patient type was followed in prevalence by "cancer patients" (Nursing: 16.9%, Medical: 15.0%), "patients in terminal stage" (Nursing: 16.4%, Medical: 16.9%), and "patients who make requests" (Nursing: 12.1%, Medical: 16.0%).

Table 6 shows the distribution of the students' need for counseling on intervening in the difficult patient behaviors. Of the nursing students, 32.9% stated that they need for counseling and 48.5% stated that they sometimes need for

Table 4. Student Perceptions of the Characteristics of Difficult Patients

	Nursing (n=359)		Medicine (n=224)		p	χ^2
	S	%	S	%		
Who are "difficult patients"??*						
Non-communicative patients	170	40.7	74	33.0	0.001	11.62
Patients who refuse / do not cooperate	94	22.5	7	3.1	0.000	51.20
Patients with emotional problems (anxiety, stress, agitation, aggression, et cetera)	79	18.9	22	9.9	0.000	14.29
Patients with serious or complex clinical status	37	8.9	18	8.0	0.362	0.83
No difficult patients	15	3.6	1	0.4	0.007	7.19
Patients prejudiced against the system, team, or students	12	2.9	14	6.2	0.008	2.73
Patients with various level of knowledge and education	7	1.7	15	6.7	0.030	8.55
Difficult patient relatives	3	0.7	4	1.8	0.306	1.05
Patients who cannot give medical history or give insufficient medical history	1	0.2	44	19.6	0.000	72.61

*The n value was multiplied since more than one answer were given to the questions.

Table 5. The Number of Students Who Encounter Difficult Patients and the Characteristics of the Difficult Patients They Encounter

	Nursing (n=359)		Medicine (n=224)		p	χ^2
	S	%	S	%		
Have You Encountered Difficult Patients?						
Yes	272	75.8	206	92.0	24.75	0.000
No	81	22.6	16	7.1		
Unanswered	6	1.7	2	0.9		
The Characteristics of Difficult Patients Encountered*						
Angry patients	257	33.2	174	30.8		
Cancer patients	131	16.9	85	15.0		
Patients in terminal period	127	16.4	95	16.9		
Patients who make requests	94	12.1	90	16.0		
Crying patients	82	10.6	53	9.4		
Patients with sex-oriented behaviors	56	7.2	36	6.4		
Patients who are uncooperative	11	1.4	14	2.5		
Patients closed to communication	9	1.2	8	1.4		
Physically disabled patients	4	0.5	3	0.5		
Mentally disabled patients	4	0.5	7	1.2		
Unanswered	28	7.8	6	2.7		

*The n value was multiplied since more than one answer were given to the questions.

Table 6. Students' Need for Counseling on Intervening in Difficult Patient Behaviors

The need for counseling	Nursing (n=359)		Medicine (n=224)	
	n	%	n	%
Is counseling for communication needed?				
Yes	118	32.9	72	32.1
No	55	15.3	52	23.2
Partial	174	48.5	98	43.8
Unanswered	12	3.3	2	0.9
People students sought for help or counseling*				
Instructors-academic faculty members	188	38.6	66	26.0
Nurses	92	18.9	1	0.4
Seniors or experts	46	9.4	70	27.6
Patients or patients' relatives	33	6.8	10	4.0
Doctors	26	5.3	22	8.7
Friends	14	2.9	3	1.2
Other Health Personnel	11	2.3	2	0.8
I don't ask anyone	10	2.1	16	6.3
Psychologist or psychological counselor	7	1.4	3	1.2
Unanswered	60	12.3	61	24.0
Areas in which students needed help*				
Communication	105	27.9	51	21.8
Caregiving and administering treatment	81	21.5	7	3.0
Data collection (medical history, physical examination)	48	12.8	46	19.7
Angry and/or aggressive patients	25	6.6	5	2.1
Special issues such as crying, death, psychological issues, et cetera	13	3.5	4	1.7
Every issue I think I cannot deal with	6	1.6	5	2.1
I don't need help	3	0.8	8	3.4
Patients with anxiety	—	—	11	4.7
Unanswered	95	25.3	97	41.5

*The n value was multiplied since more than one answer were given to the questions.

counseling. Of the medical students, 32.1% stated that they need for counseling and 43.8% stated that they sometimes need for counseling. These findings suggest that students generally need for counseling on intervening in difficult patient behaviors. 38.6% of nursing students and 26% of medicine students expressed that they wanted to receive counseling from an "academic member or instructor." The nursing students most needed counseling on "communication" (27.9%), "caregiving and administering treatment" (21.5%), and "data collection" (12.8%), and the medical students most needed counseling on "communication" (21.8%) and "data collection" (19.7%).

Discussion

The term "difficult patient," which has become prominent in both nursing and medicine in recent years, describes patients who make it difficult for nurses or physicians to communicate or develop a therapeutic communication with them.^[9-12] This study revealed that in particular, students define patients with whom they had difficulty communicating as difficult patients.

Nursing and medical students' perceptions of the characteristics of difficult patients were analyzed in this study, and it was observed that both groups of students most often define non-communicative patients as difficult patients. The litera-

ture also indicates that non-communicative patients are regarded as difficult patients.^[8,9,11,19,20] The medical students in this study also defined difficult patients as those who cannot provide or insufficiently provide medical history. Serour et al. (2009) found that patients who cannot express their needs make patient-physician interaction difficult.^[21] The nursing students in this study perceived that patients who refuse treatment are also difficult patients. The literature also shows that the patients who do not obey their treatment plans or who refuse treatment are regarded as difficult patients, and approximately 45% of the patients who have long-term treatment are considered not to obey their treatments.^[11,19,22-24]

This study analyzed the characteristics of difficult patients students encountered during their clinical practicum experiences, and both groups of students mostly often identified the following as characteristics of difficult patients: angry patients, cancer patients, patients in terminal stage, and patients who make requests.

Anger is one of the most common patient reactions to newly-diagnosed and potentially severe health problems. This means that health professionals do not have positive experiences with angry patients and their interactions are not as positive as they are expected to be. Studies show that anger is one of the most common emotions among the characteristics of difficult patients.^[19,21,24-26]

This study indicated that both groups of students needed counseling on intervening in difficult patient behaviors. The students wanted to receive counseling from experts in patient communication. Kotecki (2002) stated that each nursing student included in his study had at least one difficult patient experience, and this experience had the characteristics of a crisis. He emphasized that the students learned how to deal with difficult patients by observing clinical nurses.^[14] Studies on teaching communication skills show that the communication skills of those who received communication skills education improve more easily than the communication skills of those who do not receive education.^[27-30] Still, the students' demand for expert counseling indicates the need for comprehensive education on this subject.

Conclusion

Patient-nurse communication has an important effect on promoting patient health and improving quality of life.^[31,32] Establishing communication with patients based on honesty, empathy, and trust is the first step in preventing them from becoming difficult.^[31] Steinmetz and Tabenkin (2001) stated that patient interactions can only be effective with communication skills.^[33] Empathizing, listening effectively, and communicating without prejudice increase difficult patients' cooperation in communication.

The students in this study stated that difficulty they encountered most often was communicating with patients, and they suggested reorganizing the existing communication courses and turning these courses into applied courses. Using problem-based undergraduate education methods instead of traditional education methods, and conducting applied communication training within the scope of post-graduation continuing education programs, will contribute to students' and employees' ability to communicate more effectively with difficult patients. National workshops should be conducted on reorganizing the existing health school communication curriculum to include applied courses.

References

1. Stuart GW, Laraia MT. Principles and practice of psychiatric nursing. 8th Ed. Philadelphia. Mosby; 2005.
2. Blais KK, Hayes JC, Kozier B, Erb G. Professional nursing practice: Concepts and perspectives . 5th Ed. Pearson Education Inc.; 2006.
3. Travelbee J. Human to human relationship model. Retrieved May 20, 2011, from http://www.nurses.info/nursing_theory_person_travelbee_joyce.htm.
4. Stewart MA. Effective physician-patient communication and health outcomes: a review. *CMAJ* 1995;152:1423-33.
5. Terakye G. Hemşirelikte iletişim ve hasta-hemşire ilişkileri, Ankara. Aydoğdu Ofset; 1994.
6. White MK, Keller VF. Difficult clinician-patient relationships. *The Journal of Clinical Outcomes Management* 1998;5:32-6.
7. Sully P, Dallas J. Essential communication skills for nursing. China. Elsevier Mosby; 2005.
8. Özcan A. Hemşire hasta ilişkisi ve iletişim. 2. Basım. Ankara. Sistem Ofset Yayıncılık; 2006.
9. Macdonald M. Seeing the cage: stigma and its potential to inform the concept of the difficult patient. *Clin Nurse Spec* 2003;17:305-12.
10. Koekkoek B, van Meijel B, Hutschemaekers G. "Difficult patients" in mental health care: a review. *Psychiatr Serv* 2006;57:795-802.
11. Macdonald M. Origins of difficulty in the nurse-patient encounter. *Nurs Ethics* 2007;14:510-21.
12. Wolf ZR, Robinson-Smith G. Strategies used by clinical nurse specialists in "difficult" clinician-patient situations. *Clin Nurse Spec* 2007;21:74-84.
13. Brunero S, Lamont S. The 'difficult' nurse-patient relationship: development and evaluation of an e-learning package. *Contemp Nurse* 2010;35:136-46.
14. Kotecki CN. Baccalaureate nursing students' communication process in the clinical setting. *J Nurs Educ* 2002;41:61-8.
15. Sheldon LK, Barrett R, Ellington L. Difficult communication in nursing. *J Nurs Scholarsh* 2006;38:141-7.
16. Özçakır A. Tıp eğitiminde iletişim ve klinik beceriler dersi verilmeli mi? İntörn öğrenci görüşleri. *Türkiye Klinikleri Tıp Bilimleri Dergisi* 2002;22:185-9.
17. Tutuk A, Al D, Doğan S. Determining communication skills and emphatic levels of nursing students. *C. Ü. Hemşirelik Yüksek Okulu Dergisi* 2002;6:36-41.
18. Eranlı K, Balcı S. Developing a Communication Skills Inventory: Its Validity and Reliability. *Türk Psikolojik Danışma ve Rehberlik Dergisi* 1998;10:7-12.
19. Breeze JA, Repper J. Struggling for control: the care experiences of 'difficult' patients in mental health services. *J Adv Nurs* 1998;28:1301-11.
20. Breen KJ, Greenberg PB. Difficult physician-patient encounters. *Intern Med J* 2010;40:682-8.
21. Serour M, Othman HA, Khalifah GA. Difficult patients or difficult doctors: An analysis problematic consultations. *Journal of General Medicine* 2009;6:87-93.
22. Morrison EF, Ramsey A, Synder BA. Managing the care of complex, difficult patients in the medical-surgical setting. *Medsurg Nurs* 2000;9:21-6.
23. Russell S, Daly J, Hughes E, Hoog Co Co. Nurses and 'difficult' patients: negotiating non-compliance. *J Adv Nurs* 2003;43:281-7.
24. Zolnierok CD. Non-psychiatric hospitalization of people with mental illness: systematic review. *J Adv Nurs* 2009;65:1570-83.
25. Nield-Anderson L, Minarik PA, Dilworth JM, Jones J, et al. Responding to 'difficult' patients. *Am J Nurs* 1999;99:26-35.
26. Hull SK, Broquet K. How to manage difficult patient encounters. *Fam Pract Manag* 2007;14:30-4.
27. Arthur D. Assessing nursing students' basic communication and interviewing skills: the development and testing of a rating scale. *J Adv Nurs* 1999;29:658-65.
28. Maguire P, Pitceathly C. Key communication skills and how to acquire them. *BMJ* 2002;325:697-700.
29. Deveugele M, Dereze A, De Maesschalck S, Willems S, et al. Teaching communication skills to medical students, a challenge in the curriculum? *Patient Educ Couns* 2005;58:265-70.
30. Rosenzweig M, Hravnak M, Magdic K, Beach M, et al. Patient communication simulation laboratory for students in an acute care nurse practitioner program. *Am J Crit Care* 2008;17:364-72.
31. Wasan AD, Wootton J, Jamison RN. Dealing with difficult patients in your pain practice. *Reg Anesth Pain Med* 2005;30:184-92.
32. Corney RH, Strathdee G, Higgs R, King M, et al. Managing the difficult patient: practical suggestions from a study day. *J R Coll Gen Pract* 1988;38:349-52.
33. Steinmetz D, Tabenkin H. The 'difficult patient' as perceived by family physicians. *Fam Pract* 2001;18:495-500.