Nurses’ attitude towards ‘difficult’ and ‘good’ patients in eight public hospitals

The paper is part of a large-scale study exploring violence in nursing conducted between 2005 and 2006. There were various objectives for each aspect of the study. Qualitative descriptive survey was selected. The population were all nurses licensed with the South African Nursing Council. Non-probability sampling technique was utilized to distribute confidential questionnaires to nurses employed in the eight public hospitals during 2006. Good patients were rewarded with tender loving care although difficult patients were ignored or needed interventions deliberately delayed. Because of the severe shortage of qualified staff, nurses had to rationale care in order to meet needs of all their patients. However, nurses found to violate health-care consumers were counselled, disciplined and/or dismissed.

Key words: abuse of patients, bad patients, Cape Town, good patients, South Africa, violence against patients.

INTRODUCTION

Violence against patients appeared to be a taboo subject in nursing. There had been few studies examining the extent to which nurses had been unkind or aggressive towards patients and patients’ relatives. In 2004, a television documentary aired on E-TV (a private television channel) in South Africa brought the reality of patients’ abuse to the attention of the public. The display of unwarranted aggression against vulnerable patients was very disturbing. Although the documentary portrayed carers violating patients, it was not evident that the perpetrators were South African registered nurses.

Jewkes et al. explored reasons why some nurses abuse patients in South Africa. They identified among others frustration. To elucidate the basis of nurses’ frustration, Whyte and Uzun argued that nurses are sometimes exposed to physical assault and verbal abuse from health-care consumers. Similarly, Hospersa, Jewkes et al., Khalil and Karani and AbuAlRub argued that nurses’ frustrations stem from inadequate support from managers, unfair blaming, eroded morale and general work dissatisfaction. Biton and Tabak also argued that professional insecurity could be a contributory factor to the violence against patients. Covert violence against patients is difficult to validate, but such unprofessional behaviour constitutes negligence of duty.

The severe shortage of nurses and high patient turnover are affecting nurses’ interactions with their patients. Anderson and Parish also raised the profession’s awareness to violence against patients in the USA. Munro noted that some nurses fail to report violation of patients, but according to O’Donoghue et al. 121 cases of poor nursing care were reported to the South African Nursing Council (SANC) in 2004. However, Jewkes and associates maintained that the SANC, at the time of their
report, did not view violence against patients as an area of serious concern. Nevertheless, all forms of violence against patients and their relatives are against international human rights and ethics of the profession.10,12

METHODS
Qualitative survey design14 was selected to examine violence in nursing. Each section of the questionnaire requested information and sharing of experiences on specific aspect of violence within the nursing profession. The fourth section of the questionnaire required respondents to share views, experiences and describe nurses’ attitudes towards health-care consumers. In accordance with the South African Constitution15 and the Helsinki Declaration,16 the University of Cape Town’s Faculty of Health Sciences Human Ethics Committee granted ethical approval to conduct the study. In addition, the directors of the participating hospitals granted permission for the researcher to approach nurses employed in their respective health-care facilities.

Confidential questionnaire was designed to encourage nurses to share their views and experiences. All participants were requested to refrain from identifying themselves on any document relating to data collection. The questionnaire contained mainly open-ended questions exploring all aspects of violence by nurses, for example against patients and patients’ relatives, the types of patients nurses refuse to care for and actions taken to rectify the situation. The population was all nurses licensed with the South African Nursing Council (SANC) and working in Cape Town, South Africa. The participants (sample groups) were nurses from three general hospitals, two psychiatric hospitals, two maternity hospitals and one paediatric hospital. The process of analysis was first to count the frequency that specific word or phrase were utilized to describe behaviour of patients. Detailed responses to questions were collated per participating hospital. Information provided for each question was examined for similarities among and differences between the four specialist practice institutions.13

RESULTS AND DISCUSSION
Three hundred and seventy-three (373) nurses participated in the study, but some participants selected to answer specific questions only. For example, 271 (72.7%) respondents provided information on ‘good patients’, 116 (31.1%) provided information about ‘bad or difficult patients’, although 354 (94.9%) provided in formation on discriminatory nursing practices and actions taken against nurse perpetrators.

‘Good patients’
Two hundred and seventy-one (72.7%) nurses provided information on types of behaviour that characterized ‘a good patient’. Table 1 presents the frequency distribution of responses from the four specialist areas of practice. From all the four specialist areas of nursing, the primary behaviour that constitutes a good patient is ‘friendly and calm most of the time’ (n = 267, 56.7%). Accepting help without complaining was considered the second desirable behaviour of a good patient (n = 242, 51.4%). The third behaviour that would make a good patient was identified

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Nurses’ perceptions of ‘good patients’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviour</td>
<td>General</td>
</tr>
<tr>
<td>Friendly and calm most of the time</td>
<td>124</td>
</tr>
<tr>
<td>Accepts help without complaining</td>
<td>114</td>
</tr>
<tr>
<td>Very polite</td>
<td>117</td>
</tr>
<tr>
<td>Always does what he or she is told</td>
<td>100</td>
</tr>
<tr>
<td>Does not make too much fuss</td>
<td>66</td>
</tr>
<tr>
<td>Permits nurses to carry out procedures</td>
<td>100</td>
</tr>
<tr>
<td>Keeps his or her area clean</td>
<td>89</td>
</tr>
<tr>
<td>Helpful towards other patients</td>
<td>85</td>
</tr>
<tr>
<td>Do not ask too many questions</td>
<td>21</td>
</tr>
<tr>
<td>Gives presents to the nurses</td>
<td>13</td>
</tr>
</tbody>
</table>

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as being ‘very polite’ ($n = 234, 49.7\%$). However, giving presents to nurses was considered the least desirable behaviour (Table 1).

Despite identifying qualities of a good patient, one participant indicated that nurses’ attitudes had significant influence on their patients’ behaviour:

> If a nurse act with respect and professional behaviour, patient will look at nurses with respect. The nurse must respect the patient, to gain respect for respect both the nurse and the patient must earn the respect.

In all the participating hospitals, nurses react much more positively towards good patients and such patients were frequently rewarded. Rewards ranged from special treatment to gifts, for example, a respondent articulated that:

> Giving extra nursing care and attention to patients deemed to be good by being kind and generous in the way we render our services. Treating them with respect, or give more of your time to look after them, talking to them, allowing their visitors stay longer or come into the ward at any time they want to. We also attend to the needs of good patients more often than to other patients . . .

**‘Bad patients’**

One hundred and sixteen nurses shared their views on behaviours patterns of ‘bad or difficult patients’ (Table 2). Responses from 52 general, 39 psychiatric, 19 midwives and 6 paediatric nurses highlighted behaviour that would persuade nurses to label a patient ‘a bad or difficult’. The table reflected the frequency that each of the following words/phrases appeared in responses to the question.

Within the four specialist nursing practice areas, the most undesirable behaviour that would force nurses to label a patient ‘bad or difficult’ was uncooperativeness ($n = 99, 85.3\%$). Psychiatric and general nurses tend to label patients as ‘difficult’ more often than midwives and paediatric nurses (Table 2). Among the general nurses, patients refusing nursing interventions even though they were in pain was presented as an example of an uncooperative behaviour:

> Patients who have a pain and do not want anybody to touch them or who are always threatening, who want things to be done their own way, are disruptive and with negative body language.

The second undesirable behaviour from a patient was rudeness ($n = 89, 76.7\%$). Rudeness was distinguished from verbal abuse in that rudeness was curt response to questions whereas verbal abuse was deemed to intentionally cause distress to the nurse. General nurses perceived rude patients as ‘bad patients’, whereas psychiatric nurses considered aggressive patients as ‘bad or difficult’. A respondent from one of the psychiatric hospitals indicated that difficult/bad patients were:

> Bad patients are those that fight with other patients or attack nurses. Patients that are rude and swear at others, do not allow nurses to carry out procedures, or refuse to obey the rules of the ward. They spit or kick you and do not want to listen to advice. Bad patients always phone their family to complain about the nursing staff.

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>General</th>
<th>Midwife</th>
<th>Psychiatric</th>
<th>Paediatric</th>
<th>Total</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncooperative</td>
<td>36</td>
<td>19</td>
<td>39</td>
<td>5</td>
<td>99</td>
<td>24.75</td>
</tr>
<tr>
<td>Rude</td>
<td>52</td>
<td>9</td>
<td>22</td>
<td>6</td>
<td>89</td>
<td>22.25</td>
</tr>
<tr>
<td>Verbally abusive</td>
<td>24</td>
<td>5</td>
<td>26</td>
<td>2</td>
<td>57</td>
<td>14.25</td>
</tr>
<tr>
<td>Always complaining</td>
<td>26</td>
<td>9</td>
<td>18</td>
<td>2</td>
<td>55</td>
<td>13.75</td>
</tr>
<tr>
<td>Aggressive</td>
<td>11</td>
<td>0</td>
<td>36</td>
<td>1</td>
<td>48</td>
<td>12</td>
</tr>
<tr>
<td>Demanding</td>
<td>16</td>
<td>5</td>
<td>14</td>
<td>2</td>
<td>37</td>
<td>9.25</td>
</tr>
<tr>
<td>Find faults</td>
<td>14</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>Ask too many questions</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>0.75</td>
</tr>
<tr>
<td>Others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>8</td>
<td>2</td>
</tr>
</tbody>
</table>

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Respondents from the general hospitals indicated that some inpatients expected five-star treatment. The general nurses maintained that even though such patients received excellent nursing care, they would complain or threaten to report nurses to senior management of the institution. Midwives and psychiatric nurses did not object to patients asking questions (Table 2). Similarly, midwives did not perceive their patients to be aggressive. Ten respondents elaborated by arguing that sometimes nurses labelled patients as ‘good or bad’ because of racial prejudices.

One crucial factor that had contributed to the need for nurses to attach labels to their patients was the consequences of the severe shortage of staff in most of the specialist areas of practice. Subsequently, by categorizing their patients, nurses were able to prioritize their activities in addressing needs within their areas of practice. The rationale for such actions from the perspective of one general nurse was:

There are patients who find fault with everything in the hospital but are regularly readmitted to the same hospital. Some patients are abusive and shout at the nurses. Other patients expect to get what they want regardless of the obvious shortage of staff. In the eyes of the public patients are never bad. Patients are always right in the court of law. Patients respectfully tell nurses that they are paying their salaries. Some patients do not want to help themselves although they are able to.

Nurses’ reactions towards patients labelled ‘bad or difficult’ varied considerable among the four specialist areas of practice. Within the general and midwifery practice areas, respondents indicated that such patients were ignored or nurses ensured minimum interaction:

Nurses are careful around such patients or try not to have a lot of contact with such patients. They just carry out their nursing duties and do not converse with the patient. As a general principle, you treat others the same as you would like to be treated.

You must try to be polite. Difficult patients are treated very professionally without much warmth from the heart, and one would not go the extra mile for them. Nurses keep them at a distance. Nurses are not too keen about such patients and try as much as possible to avoid them. They keep them at a distance but still try to maintain a good spirit. Only the necessary care is given to make the patient comfortable, but then the nurses leave or disappear as quietly as possible.

Six respondents acknowledged that on occasions, nurses had been very rude to or shouted at patients in their areas of practice. Patients’ reaction to nurses’ rudeness resulted in those patients unjustifiably being labelled as ‘difficult’.

There were considerable similarities among the four specialist areas of practice to the next three open-ended questions exploring observed discriminatory nursing practices and actions taken against nurse perpetrators. Because of similarities in information provided, only the number of respondents and their comments would be included without direct references to sources of information except in instances, where the information is unique to a specific specialist area of practice.

**Discriminatory nursing intervention because of patient’s behaviour**

Three hundred and fifty-four (94.9%) participants reported to have observed discriminatory nursing interventions, or had witnessed situations that nurses refused to provide care because of a patient’s behaviour. On the other hand, only 19 respondents indicated that all patients were treated equally irrespective of their behaviour. Among the 19 respondents, some reiterated that nurses pledged to care for their patients although others argued that most nurses do not discriminate between patients, but the severe shortage of staff had forced nurses to carry out only the essential interventions. Some of their supporting comments were:

Nurses do not discriminate. As nurses, we always treat our patients equally irrespective of what they said or done to us. So we do not give specific percentage of service to good and another to bad.

There is no time to give special attention to patients, everybody gets treated equally. Nurses try to be helpful to enrich their (patients) knowledge of their illness and making them understand that we are there to care for them regardless of race, creed or colour. But because of the shortage of staff, sometimes we are able to carry out only essential nursing care for most of the patients.

Two of the 19 respondents argued that most nurses tried their best not to discriminate against ‘difficult patients’ but rather engaged them in constructive dialogues and one-on-one interactions. The same two respondents also indicated that constructive dialogue and soft–soft approach usually succeed in calming down the
most difficult patient. They also maintained that on every ward there is always at least one nurse able to interact constructively with any so-called ‘difficult’ patients.

**Mistreatment and refusal to care for a patient**

Participants were encouraged to share their experiences and views on whether some nurses mistreat or refuse to care for some patients. One hundred and ninety-five participants provided information and out of this number, 63 (32.3%) indicated that they had never witnessed a nurse mistreating or refusing to care for a patient:

_I have never experienced a situation where a nurse refused to care for a patient. Most nurses have a soft spot for all their patients, no matter their colour, creed or race. Nurses I know do not make such distinctions_.

From the eight participating hospitals, 33 (16.9%) nurses had witnessed other nurses mistreating patients and 29 (14.9%) had often witnessed such behaviour from nurses. On the other hand, 39 (20%) simply wrote ‘no comments’.

Two participants provided alternative explanations for nurses’ refusal to care for rude and demanding patients. The first explanation was that some nurses are racist towards patients because of skin colour. The second was that some nurses have no compassion or love for the profession:

_Some nurses cannot help being racist. They just cannot bring themselves to look after other people who are not from their racial grouping_.

_Some nurses love themselves more than the patients and the profession. They have no love for their jobs only the money that they receive at the end of the month_.

_I have observed this on a daily basis and although not intentionally sometimes nurses can be rude to patients. I remember one occasion when a nurse pulled an old lady’s hair, another time the same lady fell out of the wheelchair due to the same nurse’s behaviour. This particular nurse was reported to senior management._

**Actions taken against nurses that violate patients**

Two hundred and fifty-three participants provided information on personal knowledge of actions taken against nurses that had violated health-care consumers. From information provided, 151 (59.7%) respondents indicated that disciplinary actions were taken against the nurse perpetrators. Thirty (19.9%) out of the 151 respondents also indicated that senior management of the hospitals where incidences occurred, apologized to patient/families and informed them of their legal rights. The experiences of 79 (31.2%) respondents were that nurses reported were reprimanded and referred for counselling. The experiences of 23 participants were that nurse perpetrators were dismissed, or persuaded to resign from the hospitals. In addition to their comments, five respondents indicated that because of the seriousness of the offence, those nurses involved were reported to the South African Nursing Council.

One hundred and ninety-seven participants responded to the question exploring whether nurses were constrained from reporting their colleagues. Information provided in response to this question was rich and diverse. One hundred and thirteen (57.4%) respondents indicated that senior management of their respective hospitals actively encourage nurses to report mistreatment of patients. However, contrary to responses to previous questions, another 113 respondents maintained that they had never witnessed such incidences. Some respondents from second group of 113 respondents indicated that in situations that they had observed ‘unintentional’ mistreatment of patients they personally reprimanded the nurses involved without reporting incidents to senior management. Sixty-three participants had reported colleagues for badly mistreating patients to senior management ‘if it is in the best interest of the patient and the nurse’, although two respondents did not report the incident because of fear of reprisals:

_No—because reporting may lead to dismissal and I am afraid of him/her saying I am the cause of the dismissal. Everybody knows that nurses-in-charge know their nurses but some will always cover up for their nurses._

On the other hand, 19 respondents indicated that although they reported colleagues for their negative attitudes towards patients, no actions were taken against the perpetrators. Despite the experiences of the 19 respondents, two of them contradicted their statements by arguing that:

_No action should be taken against nurse that mistreat patients because nurses are also people and need to be told what_
they are doing is wrong. However, patients should be encouraged to report any mistreatment so that those bad nurses could be dismissed from the profession.

CONCLUSION AND RECOMMENDATIONS

The results obtained confirmed that most nurses provided the most appropriate nursing interventions for their patients irrespective of their behaviour. Furthermore, respondents acknowledged that all forms of violence against health-care consumers are against the ethics of the profession. However, the severe shortage of qualified staff, increased workload and eroding morale had forced nurses to categorize their patients into ‘good, bad, or difficult’ groups in order to rationalize care. Although categorization of patients should not be condoned, it was the only strategy that some nurses could utilize to protect themselves from traumatic encounters with ‘difficult patients’. It is unrealistic to recommend active recruitment of qualified nursing staff because factors influencing the process are multifaceted and beyond the scope of this paper. Senior management of the eight hospitals had been empowering their staff to report mistreatment of patients, but fear of intimidation prevented some nurses from doing so.

In every profession, there are good and bad practitioners, and nursing is no exception. Majority of nurses working in the eight participating hospitals did not discriminate against health-care consumers, but a minority group of nurses do resort to this mode of behaviour. Despite the evidence of discriminatory practices, all registered nurses pledged to care for all persons who seek their help irrespective of colour, gender, religion, age or sex. My first recommendation is that nurses should reaffirm annually the nurses’ pledge in order to remind reluctant colleagues of their moral obligations. Annual reaffirmation of the pledge would wear away the conscience of the ‘few bad apples’ within the profession, and hopefully they would realized that there have aligned themselves to the wrong profession and hopefully their conscience would persuade them to find alternative employment to save the profession. My second recommendation is that there is an urgent need to raise public awareness to the negative influence of staff shortage on nursing interventions. Although this might not necessarily change some patients’ demand for attention, but it could promote better cooperation and understanding of the existing shortage of resources within the public hospitals. My third recommendation is for Departments of Health to enlighten the public on the negative effects of staff shortage on government-funded health services. In combining these recommendations, the public would begin to empathize with the dilemma that nurses face within the public health sector.

Although these recommendations might not necessarily resolve some of the underlying problems within the profession, the onus is also on nurses-in-charge of public sector units to monitor closely nursing interventions in their respective areas of responsibility. Annual performance appraisals and continuous professional development should be able to identify learning needs of nurses with propensity to discriminate against or mistreat patients. The eight hospitals of the study are working hard to enrich the attitude of their nurses to bridge the racial divide, but it seems there is still a lot of work to be done. From the results of the survey, most of the participants confirmed that they care about their patients irrespective of the colour of their skin or their behaviour. This attitude reflects the positive improvement in nursing care in the eight hospitals despite the severe shortage of nurses. This study examined attitudes of nurses working in only eight public hospitals towards their patients, therefore the findings could not be generalized to all public hospitals in Cape Town.

ACKNOWLEDGEMENTS

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