VITA

Emily S. Kistler

Education:

Purdue University, W. Lafayette, IN
Bachelor of Arts in Psychology; Bachelor of Arts in Law and Society, May 2003.

Indiana State University, Terre Haute, IN
Master of Science in Clinical Psychology, May 2005

Indiana State University, Terre Haute, IN
Doctor of Psychology in Clinical Psychology, May 2011

Dissertation title:

Characteristics of difficult patients in prisons compared to difficult patients in primary care settings

Clinical Experience:

FMC Carswell, psychology intern, October 2007 – September 2008

FCI Fort Worth, psychology intern, October 2007 – March 2008

Hamilton Center, student therapist, August 2006 – August 2007

Wabash Valley Correctional Facility, mental health professional, September 2005 – August 2007

Professional Assessment of Indiana, behavioral clinician, July 2005 – October 2006

Plainfield Correctional Facility, behavioral clinician, June 2005 – August 2005

Indiana State University, graduate student therapist, September 2004 – August 2006

Teaching experience:

Indiana State University, graduate teaching assistant, August 2004-May 2005
CHARACTERISTICS OF DIFFICULT PATIENTS IN PRISONS COMPARED TO DIFFICULT PATIENTS IN PRIMARY CARE SETTINGS

A Dissertation

Presented to

The College of Graduate and Professional Studies

Department of Psychology

Indiana State University

Terre Haute, Indiana

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Psychology

by

Emily Kistler

May 2011

Kistler 2011

Keywords: prison, health care, nurse, difficult patient
COMMITTEE MEMBERS

Committee Chair: Jennifer Schriver, Ph.D.

  Associate Professor of Psychology; Associate Vice President, Student Success
  Indiana State University

Committee Member: Thomas Johnson, Ph.D.

  Professor of Psychology
  Indiana State University

Committee Member: Patrick Bennett, Ph.D.

  Assistant Professor of Psychology
  Indiana State University
ABSTRACT

Research has found that patients perceived as being difficult by their physicians share a number of characteristics. These “difficult” characteristics include Axis I disorders, personality disorders, somatization, complex health problems, and aggression. Current research has focused on defining “difficult patients” in community populations, while other populations have gone overlooked. One population that has high prevalence rates of the “difficult” characteristics identified in community samples is offenders. As a group, offenders tend to have high rates of mental illness, chronic health problems, and behavioral issues such as aggression. While difficult patients in prison may resemble difficult patients in the community, research has not examined patient characteristics among offenders. It may be that offenders present with additional “difficult” characteristics, such as malingering, due to the uniqueness of the prison environment.

This study examined nurses’ perceptions of difficult patients in prison and in primary care settings. It was hypothesized that difficult offender patients would be perceived as having more psychopathology, malingering more frequently, seeking medication more frequently, making more frequent requests to see the doctor, and that there would be a higher rate of difficult patients in correctional settings as compared to difficult patients in primary care settings. Results show that correctional nurses perceived difficult patients exaggerating their medical symptoms more, being less truthful about their symptoms, being more drug-seeking, and being less reasonable in their requests for medication than difficult patients in the community. There were
no significant results in ratings of mental health, manipulative behavior, or requests to see the physician. Additionally, correctional nurses indicated that there are a higher percentage of difficult patients in their setting as compared to community nurses. Results from this study will help generate techniques or suggestions that may alleviate some of the problems nurses experience while treating offenders as well as improving the overall quality of the interaction between offenders and health professionals. This may, in turn, improve offender patient medication compliance, reduce the number of unnecessary doctor appointments, and reduce health-care provider burn-out. Other possible implications include improving the overall health of offender patients and reducing the amount of unnecessary spending to treat patients (e.g. improving patient compliance).
ACKNOWLEDGEMENTS

I would like to thank Dr. Jennifer Schriver for her support and insightful feedback. I would also like to thank my other committee members, Drs. Thomas Johnson and Patrick Bennett, who took the time and interest to participate in my dissertation project. I would also like to thank Dr. Kim Bennett who briefly served as a committee member and provided insightful critiques. I am also grateful to Dr. Yessenia Castro for her statistical advice and Dr. Martha Smith for her support and feedback.

I would also like to thank my family and especially my husband, Ross May, who provided encouragement and support when I needed it the most.
# TABLE OF CONTENTS

**COMMITTEE MEMBERS** ........................................................................................................... ii  

**ABSTRACT** .................................................................................................................................. iii  

**ACKNOWLEDGEMENTS** ........................................................................................................... v  

**LIST OF TABLES** ........................................................................................................................ ix  

**Difficult Patients in Prisons** ........................................................................................................ 1  

- **Overview** ...........................................................................................................................1  
- **The difficult patient** .............................................................................................................4  
- **Difficult patient characteristics in community samples** ....................................................4  
- **The Difficult-Doctor Patient Relationship Questionnaire** ..................................................5  
- **Other measures assessing difficulty** ..................................................................................8  
- **Other factors influencing the difficult patient label** ...........................................................14  
- **Communication barriers** ...................................................................................................15  
- **Physician variables** .............................................................................................................15  
- **Prevalence of difficult patients in community samples** ......................................................16  
- **Implications for being labeled “difficult”** ..........................................................................16  
- **Prevalence of “difficult" patient characteristics in prisons** .............................................18  
- **Psychopathology in correctional settings** ..........................................................................18
Appendix A: Community Nursing Experience

Appendix B: Correctional Nursing Experience

Appendix C: Informed Consent
LIST OF TABLES

Table 1 Demographic information for correctional and community nurses ......................... 30
Table 2 Demographic information for correctional and community patients ....................... 38
Table 3 Multivariate analysis of variance for nurse variables looking at feelings about job and patients ........................................................................................................................................................................ 43
Table 4 Multivariate analysis of variance for comparing difficult correctional and community patients ........................................................................................................................................................................ 45
Table 5 Multivariate analysis of variance for comparing typical correctional and community patients ........................................................................................................................................................................ 49
Table 6 Multiple regressions for nurse variables and perceptions of patients in predicting difficulty ...................................................................................................................................................................... 53
Table 7 Principle components analysis of items added to the Difficult Doctor Patient Relationship Questionnaire ........................................................................................................................................................................ 56
CHAPTER 1
Difficult Patients in Prisons

Overview

Patients that trigger negative emotional responses, such as frustration, irritation, and anxiety, are often labeled as difficult patients by their physicians (Crutcher & Bass, 1980; Groves, 1978). The term “difficult patient” has not been formally defined, but rather researchers have relied on physicians to identify those patients with whom they have difficulty interacting. While “difficult patients” have almost certainly always existed, researchers and physicians were once reluctant to admit the presence of “difficult” or “troubling patients” and the implications that this label may have for patients. However, numerous studies have now been conducted in this area, and certain traits have been linked to patients who are perceived as difficult. Common characteristics of patients that have been identified as difficult include personality disorders, Axis I disorders, somatization, complex or ambiguous health problems, and aggression (Hahn et al., 1996; Hahn, Thompson, Wills, Stern, & Budner, 1994; Jackson & Kroenke, 1999; Morrison, Ramsey, & Snyder, 2000; Schafer & Nowlis, 1998; Schwenk, Marquez, Lefever, & Cohen, 1989; Steinmetz & Tabenkin, 2001). In addition, some studies have found that substance use and noncompliance were associated with patients labeled as difficult (Hahn et al., 1994; Morrison et al., 2000). Moreover, the majority of studies have not found a link between demographic characteristics, such as gender, age, and race, and being labeled a difficult patient.
Researchers have also recognized the role that physician characteristics play in the perception of patients. In fact, some researchers refer to the difficult physician-patient interaction, which emphasizes that the difficulty lies in the interaction between two people rather than blaming the patient for the problems. Several studies examining the doctor-patient relationship have found that conflict between patient and physician values and beliefs may result in a difficult relationship or worsen it. The physician’s communication style also appears to affect the doctor-patient relationship.

Physicians identify a substantial number of patients as difficult. For example, one study found that physicians identified approximately 30% of patients as difficult (Crutcher & Bass, 1980). However, other studies have found rates to range from 10% to 21% (Hahn et al., 1996; Hahn et al., 1994; Jackson & Kroenke, 1999).

Although numerous studies on “difficult patients” have been conducted in community medical settings, no known studies have been conducted in other settings with different patient groups. One population that has high prevalence rates of the “difficult” characteristics identified in community samples is offenders (i.e. personality disorders, Axis I disorders, and substance use). For instance, a recent study found that 56% of state and 45% of federal inmates had a mental health problem, which included a recent history of mental health problems or current symptoms (James & Glaze, 2006). Many offenders also have a history of substance abuse with more than 80% of state and 70% of federal inmates having a history of drug use (Mumola, 1997). Chronic illness is another variable that has been associated with the difficult label (John, Schwenk, Roi, & Cohen, 1987), and prevalence rates of chronic illness among offenders are reportedly high (National Commission on Correctional Health Care, 2002).
Additionally, other variables that are common in correctional settings may also be related to the difficult label. For example, research indicates that offenders have high rates of malingering, which involves voluntary deception for some type of external gain. A review of studies on forensic samples suggest that the prevalence of malingering in forensic settings is approximately 15% to 17% (Rogers, Salekin, Sewell, Goldstein, & Leonard, 1998; Rogers, Sewell, & Goldstein, 1994). Offenders are often suspected of malingering in order to receive medication and time off work, among other reasons. As a result, malingering may be an important variable to consider when looking at difficult patients in prisons.

Being labeled a difficult patient has important implications for patients in the community. Being labeled a difficult patient not only affects the quality of patient-physician interactions, but it often means multiple referrals, tests, and sometimes transfers to other physicians. Patients often leave feeling less than satisfied, and physicians typically feel negative emotions, such as frustration. However, physicians often spend more time with these patients because “difficult” patients typically have more doctor visits (Jackson & Kroenke, 1999). Being labeled a difficult patient in prison also has potentially important implications for access to health care. Because offenders have no choice in the physician they see, the quality of health care they receive may be different than what a “non-difficult” patient receives.

This study provides background information on patients perceived as difficult in the community and in correctional settings. The goal of this study is to identify the variables that set “difficult” patients in prison apart from “difficult” patients in the community. Knowing what is considered a “difficult” patient in a correctional setting will allow researchers to develop strategies to help health care providers cope with and manage interactions with offenders.
The difficult patient

Groves (1978) was one of the first to recognize the importance of studying patients who are perceived by physicians as difficult. He developed four theoretical types of difficult patients that physicians may encounter. These types are characterized by patients who need constant reassurance, affection, and attention (dependent clingers), use intimidation and induce guilt in the physician (entitled demanders), pull for help but reject treatment ideas (manipulative help-rejecters), or patients that engage in self-destructive behavior, such as drinking (self-destructive deniers). These four patient types are often cited as the basis for researchers’ conceptualization of “difficult patients” and for the development of measures to identify difficult patients, such as the Difficult-Doctor Patient Relationship Questionnaire (DDPRQ; Hahn et al., 1994).

Difficult patient characteristics in community samples

Researchers examining patients labeled as difficult have primarily focused on community samples. Studies have relied on physicians’ descriptions of so-called difficult patients as well as physicians’ responses to questionnaires, such as the DDPRQ. The results of these studies suggest a trend in the types of behaviors and characteristics that physicians associate with difficult patients. Researchers typically find that personality disorders, mood and anxiety disorders, somatization, aggression, noncompliance, and complex or ambiguous medical problems are common traits of difficult patients. Typically, demographic characteristics, such as race, age, and gender, have not been found to have a significant relationship with perceptions of difficulty (Hahn et al., 1994; Hahn et al., 1996; Jackson & Kroenke, 1999; Schafer & Nowlis, 1998).
The Difficult-Doctor Patient Relationship Questionnaire

Several studies have used a measure called the DDPRQ to examine characteristics of patients that physicians view as difficult. The DDPRQ is a 30-item measure using a 6 point-Likert scale that was developed by Hahn et al. (1994). Examples of questions on this measure include: “How much are you looking forward to this patient’s next visit after seeing this patient today?,” “How angry did you feel while seeing this patient today?” and “Overall, how enjoyable is caring for this patient?” In its original development, the DDPRQ was given to 54 clinicians who completed it for 204 patient encounters. A factor analysis of this data found five factors, which were labeled Demanding/irritating patient, Physician dysphoria, Compliance and communication, Self-destructive patient, and Seductive patient.

In the second part of Hahn et al.’s (1994) study, the difficult patient-doctor relationship was examined. Fifty-three health care providers completed the DDPRQ and the Practitioner Psychopathology Diagnostic Questionnaire on 113 patients. Health care providers who completed the DDPRQ included primary care physicians, nurse practitioners, and residents. The 113 patients completed the General Health Questionnaire (Goldberg & Hiller, 1979), which is a self-report measure used to assess psychopathology, and the Personality Diagnostic Questionnaire Revised (PDQ-R; Hyler & Rieder, 1987), which assessed personality disorders. Hahn et al. found that 70% of patients labeled as difficult met the criteria for mild Axis I disorders, whereas only 28% of “non-difficult” patients met such criteria. Approximately 90% of patients labeled as difficult had an identifiable “personality type” compared to 39% of non-difficult patients. The PDQ-R allows for the detection of personality disorders or personality types. The existence of a personality disorder is indicated by the presence of a personality type as well as a positive index of distress. Therefore, less stringent criteria are needed to detect the
presence of personality types. Personality types were used instead of the personality disorder
criteria because Hahn et al. (1994) found that the DDPRQ had a stronger association with the
less stringent PDQ-R criteria. Patients labeled difficult also had more somatic symptoms (3.4)
compared to those not labeled difficult (1.4). Also, patients with “psychosomatic diagnoses”
(e.g. irritable bowel syndrome, migraines) had higher DDPRQ scores than patients without these
diagnoses. The authors also found that behaviors were also related to being “difficult,” such as
multiple, vague somatic complaints, rejection of the medical model, noncompliance, and neglect
of self-care.

Several methodological limitations were identified in the Hahn et al. (1994) study. For
example, the measures used in the study may not accurately reflect specific psychiatric disorders
or differentiate levels of severity of psychopathology. As previously mentioned, personality
types, not personality disorders, were associated with difficult patients. Also, somatization was
identified using physicians’ notes of somatic symptoms in patient charts rather than any direct
assessment of patients.

A study by Jackson and Kroenke (1999), which took place in an army medical center,
also examined characteristics of patients viewed as difficult using the DDPRQ. Five hundred
patient participants completed a questionnaire regarding their illness prior to seeing the
physician, and then completed the Medical Outcomes Study Short Form Health Survey (Ware,
Nelson, Sherbourne, & Stewart, 1992) and the Primary Care Evaluation of Mental Disorders
(PRIME-MD; Spitzer, Williams, Kroenke, et al., 1994). Patient participants also filled out a
questionnaire about satisfaction with the visit and a survey about their illness immediately after
the visit. Patient participants were mailed another survey approximately three months after the
initial visit regarding their illness, feelings about the visit, and symptom outcome. Patients
diagnosed with upper respiratory infections were excluded from participation because most of their symptoms were resolved within a few weeks. Patients diagnosed with dementia were also excluded. Thirty-eight physicians completed the Physician’s Belief Scale (PBS; Ashworth, Williamson, & Montanco, 1984), which measures psychosocial beliefs about patient care, and the DDPRQ for each patient encounter. Psychosocial beliefs or attitudes were not specifically defined in this study, and as a result, it is difficult to infer what is meant by these terms.

Jackson and Kroenke found that 76 encounters (15%) were rated as difficult by physicians. Physicians with high scores (above 70) on the PBS, indicating “poorer psychosocial attitudes,” were more likely to find patient encounters difficult (p. 1069). Patients with higher levels of anxiety, depression, somatization, and greater symptom severity were perceived as more difficult. One limitation of the study was that only patients assigned to a new physician were asked to participate. This was viewed as a potential limitation because no patient-physician relationship had been established. Jackson and Kroenke suggested that new patients may not be as readily identified as difficult and that patients are more likely to be labeled as the relationship develops.

A later study by Hahn et al. (1996) examined “difficult” characteristics using a shortened version of the DDPRQ. Their participants (627 patients and 27 physicians) were recruited from a family practice, a group practice located in a hospital, and a city hospital. Each patient participant completed the patient portion of the PRIME-MD, which contained 26 items assessing symptoms of mental disorders. Patients who reported symptoms were then evaluated by the physician participants using the clinician version of the PRIME-MD, which was used to diagnose mental disorders. Patients reported on their functional status and health by completing the Medical Outcomes Study Short Form General Health Survey (Stewart et al., 1989) and
satisfaction with care was evaluated with two items. In addition, the Difficult Doctor-Patient Relationship Questionnaire-10 (DDPRQ-10), a 10-item version of the original DDPRQ was completed for each patient encounter. Hahn et al. (1996) found that when using a DDPRQ-10 score of 30 or higher, 15% of the 627 patient encounters were perceived as difficult with a range of 11-21% for the individual sites. Sixty-seven percent of difficult patients had a mental disorder compared to 35% of non-difficult patients. Patients perceived as difficult also tended to have a higher number of mental disorders. Eleven disorders were identified based on DSM-III criteria, and of those, six were associated with difficult encounters. These disorders included generalized anxiety disorder, panic disorder, major depressive disorder, dysthymia, multisomatoform disorder, and alcohol abuse or dependence. Multisomatoform is a disorder detected by the PRIME-MD that is similar to somatization disorder but requires fewer current symptoms and a history of unexplainable symptoms (Hahn et al., 1996).

Several studies have utilized the DDPRQ along with measures directly assessing the patient. These studies have found that characteristics such as mental health disorders, personality disorders, and somatic complaints were linked to the patient being labeled as difficult. One limitation to these studies includes the use of personality types to infer a personality disorder. Another limitation is that at least one study did not provide a clear definition of a variable being evaluated (i.e. physician’s psychosocial beliefs).

Other measures assessing difficulty

While several studies have used the DDPRQ to examine characteristics of patients labeled difficult, other measures exist to investigate “difficult” patient traits. Several researchers have created their own measures specifically focusing on “difficult traits.” By using questionnaires they developed based on previous research and literature, Schwenk et al. (1989)
found that two factors are associated with patients who are perceived as difficult. Twenty-two family physicians completed two types of questionnaires, one on physician characteristics and motivations and one for perceptions of difficult patients. Physicians selected and evaluated 10 patients that they perceived as difficult. The authors found that two patient factors accounted for 35% of the total variance in perceptions of difficulty. One factor was labeled Complex, ambiguous medical problems, whereas the second factor was labeled Abrasive interpersonal style. They also discovered that the most common motivations of physicians to practice medicine were a desire to help others and intellectual/problem-solving challenges. Schwenk et al. hypothesized that these two patient factors appear to frustrate the primary motivations of physicians (e.g. to help and to solve problems). The authors also suggested that patients with only one of the factors tend to not be labeled difficult, and that the combination of the two factors appears important for being perceived as difficult. A limitation of the study was that the validity and reliability of the two questionnaires were not discussed.

Steinmetz and Tabenkin (2001) also created their own questionnaire to assess how family physicians cope with difficult patients. Their sample consisted of 15 family physicians from Israel. This was a qualitative study that employed a technique referred to as the long interview, in which they used a questionnaire with six open-ended questions. Steinmetz and Tabenkin found that patients who were violent, aggressive, rude, manipulative, or believed to be seeking secondary gain were perceived as difficult. They also found that patients with psychosomatic complaints were often seen as difficult. Finally, patients with mental illness were more likely to be viewed as difficult as compared to patients without mental health problems. A limitation of this study is how characteristics, such as mental illness, were investigated. Steinmetz and
Tabenkin failed to describe how patients were identified as having a psychological disorder or psychosomatic complaints.

A study by Klein, Najman, Kahrman, and Munro (1982) asked 439 physicians to list “5 diagnostic entities and 5 social characteristics of patients that aroused in him or her feelings of discomfort, reluctance, or dislike” (p. 882). They found that 82 medical categories and 74 social categories were identified by physicians as being related to difficult patients. The most commonly cited medical categories included psychiatric conditions (56.7%), alcoholism (55.8%), drug addiction (42.1%), obesity (33.5%), chronic back pain (27.6%), sexual behavior related conditions (26.2%), headaches (16.9%), cancer (14.3%), and hypochondriasis (12.3%). The most commonly reported social categories included poor hygiene (44.9%), aggression (26.0%), noncompliance (23.7%), demanding (20.7%), some form of Medicaid/medical assistance (19.8%), and dishonesty (13.0%). Percentages represent the percentage of physicians that identified that category as being associated with the difficult label.

Klein et al. (1982) suggested that differences between the physician and patient’s socioeconomic status may be related to who is labeled difficult. That is, patients who had a lower socioeconomic background tended to be labeled as difficult by physicians. The authors proposed that physicians value being able to solve problems, hard work and achievement, rationality, self-denial, and self-discipline, which are elements of the Protestant Ethic and which the authors suggest are heightened in physicians. Klein et al. found that the difficult characteristics identified by physicians violate physicians’ values and the Protestant Ethic. These difficult characteristics were grouped into medical and social categories and included conditions with no cure (e.g. cancer, physical disabilities, terminal illnesses), conditions that may have been caused by patient behaviors (e.g. self-injury, suicide attempts, illnesses associated
with sexual behavior), and patient characteristics that threaten the physician’s prestige (e.g. manipulation, complaining).

One major limitation of the Klein et al. (1982) study was that no description or information on validity and reliability of the questionnaire was provided. Also, the author stated that their sample was not random. However, Klein et al.’s findings are consistent with other studies that have examined characteristics of “difficult” patients.

Crutcher and Bass (1980) asked twelve family physicians from Ontario to record the patient’s social class, the patient’s main reason for the visit, whether or not the physician was “troubled” by the encounter with the patient, and the intensity of this feeling. This information was based on the physician’s opinion. A total of 722 patient encounters were evaluated. The authors found that there was a higher rate of troubling encounters for problems that were described as being primarily psychosocial (i.e. the visit dealt with “problems in living” and “counseling”) or both psychosocial and organic, compared to problems that were seen as being primarily organic. Crutcher and Bass did not define what was meant by “problems in living” or “counseling;” however, it is assumed that these terms are referring to psychological and social or interpersonal issues. The intensity of a physician’s troubled feelings corresponded with the physician’s sex as male physicians reported being significantly more troubled than female physicians. However, the rate of troubling experiences was the same for both sexes. Crutcher and Bass also found evidence that socioeconomic factors were related to the difficult label. More specifically, they found that physicians reported encounters with blue-collar workers as being more troubling than patients from higher socioeconomic backgrounds. They also found that physicians reported being more troubled by older patients. Overall, Crutcher and Bass suggested that the patient being from a different social class than the physician, lower
socioeconomic status, and presented with psychosocial problems (i.e. social problems and problems in living) were associated with physicians’ perceptions of troubling encounters.

A study by Schafer and Nowlis (1998) required physicians and nurse practitioners to nominate two to six “difficult patients” from their caseload. “Non-difficult” patients were randomly identified from the health care provider’s caseload. Providers described patients according to six criteria (e.g. the physician’s feelings of frustration, large number of complaints, noncompliance). The nominated patient participants who provided consent were interviewed over the phone using the Diagnostic Interview for Personality Disorders (DIPD; Zanarini, Frankenberg, Chauncer, & Gunderson, 1987). Patients were considered to have a personality disorder if they had a score of two or higher on the DIPD. Twenty-one difficult patients and 22 non-difficult patients completed the phone interview.

Schafer and Nowlis (1998) found that patients described as being difficult were significantly more likely to have at least one personality disorder (7 out of 21 difficult patients versus 1 out of 22 non-difficult patients). The authors suggested that dependent personality disorder (DPD) may be especially difficult to work with, as five out of the seven difficult patients had DPD. Although these findings are important because they indicate that personality characteristics impact how physicians perceive patients, the study had several limitations. Schafer and Nowlis admitted that their sample size was small, which was, in part, due to a patient response rate of 43%. Only 54% of those labeled as difficult and 35% of those viewed as non-difficult chose to participate in the study. Additionally, the authors indicated that the DIPD had not been validated for their sample (i.e. primary care, nonpsychiatric patients). Finally, the authors did not explicitly discuss provider’s responses on the six criteria and how the criteria related to perceptions of difficulty.
A study by John et al. (1987) relied exclusively on chart information from patients nominated by their physicians as difficult. Two hundred patient charts from a university-operated family practice were randomly selected for the control group. Ninety-five faculty and physicians from the practice were asked to nominate up to five difficult patients from those they had seen in the last two weeks. “Difficult” was not defined for the physicians. The charts of both groups were evaluated for characteristics, such as age, sex, number of referrals, acute and chronic problems, and marital status. Mental illness was not evaluated, but, demographic and medical data for difficult patients were examined. Difficult patients tended to be older, divorced or widowed, female, have more acute and more chronic problems, more blood tests, more referrals, and more doctor visits than other patients. When controlling for age and sex, difficult patients were characterized as having more chronic problems, chronic medications, doctor visits, and blood tests. This is similar to findings from studies mentioned earlier in which chronic and complex medical problems have been associated with difficult patients.

Rather than use formal measures, other researchers rely primarily on their own medical experiences and the subjective experiences of others to investigate the characteristics of “difficult” patients. For example, Morrison, Ramsey, and Snyder (2000) described difficult or troubling behaviors or characteristics commonly seen in medical-surgical units based on nurses’ experiences. The authors relied on their own experiences in a hospital, which served a primarily poor, minority, inner-city population, for the majority of their descriptions. Morrison et al. suggested that patients labeled as difficult tend to have medical conditions with pain, be substance users, have a psychiatric illness, be noncompliant, and have a history of violence. Patients with these characteristics are often seen as demanding, medication seeking, attention seeking, or aggressive by attending nurses.
Several researchers have created their own measures or used other ways to assess difficulty other than the DDPRQ. These studies have found that characteristics, such as mental problems and personality disorders, are associated with difficulty. These studies have also found that substance abuse, differences in physician and patient backgrounds, chronic health problems, and medication seeking are also related to a perception of difficulty. A limitation to these studies is that, in at least some instances, the researchers relied on health care providers’ perceptions rather than verifying that patients actually had the perceived problems, such as mental health conditions or substance abuse.

Overall, research suggests that patients who present with psychopathology (i.e. Axis I disorders, personality disorders) and certain behavioral characteristics (e.g. aggressiveness, manipulation, noncompliance with treatment) are more likely to be perceived as difficult by their physicians. Additionally, patients presenting with psychosomatic complaints, rather than primarily medical complaints, are also viewed as difficult by their physicians. On the other hand, chronic and complex medical disorders are also associated with the difficult label. Some authors have suggested that these “difficult” characteristics violate physician beliefs and values, such as hard work, rationality, and physicians’ ability to solve problems.

Other factors influencing the difficult patient label

Most researchers now recognize that patient characteristics are not the only variables involved in determining who is labeled difficult. Factors such as socioeconomic difference between patient and physician, doctor-patient communication, and physician traits and values also contribute to perceiving patients as difficult. Many researchers now investigate the importance of physician variables in addition to patient characteristics.
Communication barriers

Some researchers have suggested that barriers in communication may be a factor involved in a difficult patient-physician interaction and ultimately labeling a patient as difficult. Anstett (1980) proposed that patients may not understand what their doctor is saying and feel they do not have the option to ask for clarification. One problem with the typical doctor-patient communication model is that physicians often use complex medical terms that patients may not understand, rather than layman’s terms. Anstett suggested that patients who leave the medical visit not understanding their diagnosis and treatment may be less likely to comply with physician’s orders and engage in behavior that may worsen their problem. As a result of noncompliance, physicians may come to view these patients as difficult. Essary and Symington (2005) proposed that communication problems may be reduced by using communication techniques that, among other things, emphasize a nonjudgmental attitude, open-ended questions, asking for feedback on treatment options, and empathy. Haas, Leiser, Magill, and Sanyer (2005) also proposed that physicians’ communication style can also help alleviate or lessen difficult interactions. The authors suggest that physicians who tell patients that they do not have a medical problem, tell the patient that nothing can be done, or ignore the problem are likely to encounter negative reactions from patients. They also suggest that physicians seek support from colleagues or mental health professionals in accepting and managing emotional responses to difficult patients.

Physician variables

Research has also found that physicians’ attitudes and traits are associated with labeling patients as difficult. The study by Jackson and Kroenke (1999) that was previously described found that physicians with “poor psychosocial attitudes” had more perceived difficult
encounters. More specifically, physicians with higher scores on the Physician’s Belief Scale reported having more difficult encounters compared to those with lower scores. The Physician’s Belief Scale measures psychosocial attitudes, which were not defined in this study. The study by Steinmetz and Tabenkin (2000) found that many of their physician participants believed that their own traits affected the physician-patient interaction. Specifically, physicians noted that personal anxieties, having a critical or judgmental tendency, being a “pressured type of person,” feeling the need to be loved and accepted by patients, and being defensive were some of the qualities associated with a difficult encounter. On the other hand, physicians reported that openness, empathy, humor, and tolerance were some of the qualities associated with positive patient interactions.

Prevalence of difficult patients in community samples

Studies based on community samples suggest that there are a considerable number of patients who are perceived as difficult. Several studies, which have used family physician clinics or primary care settings, have found prevalence rates in the range of 10% to 21% (Hahn et al., 1996; Hahn et al., 1994; Jackson & Kroenke, 1994). All three studies used the DDPRQ with samples in the United States. Another study by Crutcher and Bass found that approximately 30% of patient-physician encounters were viewed as difficult by the physician. These studies demonstrate that physicians are encountering high rates of difficult patients in their daily interactions, possibility resulting in compromised care for a substantial number of patients.

Implications for being labeled “difficult”

Research has found that being labeled difficult has negative implications for both physician and patient. Being labeled a difficult patient not only has the potential to affect the quality of patient-physician interactions, but it is also associated with receiving multiple
referrals, transfers to other physicians, and possibly poor quality of treatment (Schwenk et al., 1989). For instance, patients labeled difficult often report feeling unsatisfied with their medical visit (Jackson & Kroenke, 1999). Jackson and Kroenke found that patients labeled as difficult were less satisfied with their visit, physician’s ability, physician’s bedside manner, physician’s explanations, and time spent during the medical visit compared to patients who were not perceived as difficult. Also, patients perceived as difficult reported using the health care system more frequently during a three month period than patients not viewed as difficult. Both patients and physicians reported experiencing negative emotions associated with the encounter, with patients commonly reporting dissatisfaction, and physicians reporting frustration and anger (Groves, 1978).

In addition, research suggests that there is a relationship between being labeled as difficult and having multiple medical tests and many costly medical bills. A review of patient charts revealed that those labeled as difficult had significantly more lab tests, doctor visits, and referrals than those labeled non-difficult. For example, patients labeled difficult had an average of 8.1 blood tests, 8.8 physician referrals, and 21 total physician visits over a six month period compared to patients labeled as non-difficult, which had 4.7, 5.7, and 11 respectively (John et al., 1987). Steinmetz and Tabenkin (2001) also found that patients who were perceived as difficult received more referrals to specialists, examinations, and medical tests. The authors reported that some physicians even transfer these patients to other health care providers as a means of coping with the difficult interaction. All of these studies are descriptive or correlational, so it not clear whether being labeled as difficult leads to some of these problems or whether, for example, having many medical visits and tests leads to ultimately being labeled difficult.
Prevalence of “difficult” patient characteristics in prisons

Current research on “difficult” patients has focused primarily on community samples and has found that certain patient characteristics (e.g. personality disorders and Axis I disorders) are associated with being labeled difficult. One population that has high prevalence rates of the difficult characteristics identified in community samples is offenders. To date, no research has examined the perception of difficult patients in prison settings.

Psychopathology in correctional settings

A characteristic frequently associated with the difficult label is psychopathology. Rates of psychological disorders tend to be fairly high in prison settings. A survey of offenders conducted in 2002 and 2004 found that an estimated 56% of state prisoners, 45% of federal inmates, and 64% of jail inmates had a mental health problem. A mental health problem was defined as having received recent mental health diagnosis or treatment or meeting DSM-IV criteria for a psychological disorder (James & Glaze, 2006). James and Glaze also found that 43% of state inmates met DSM-IV criteria for mania, 23% for major depression, and 15% met criteria for a psychotic disorder. Other research has also estimated the prevalence rates of psychological disorders for state prisoners (National Commission on Correctional Health Care, 2002). This study estimated 2% to 4% of state prisoners have schizophrenia or another psychotic disorder, 13% to 19% have major depression, and 2% to 5% have a diagnosis of bipolar disorder. Rates of anxiety disorders were also high, with 22% to 30% of inmates estimated to have an anxiety disorder diagnosis. A report from the National Institute of Mental Health noted that approximately 26% of the adult United States population has a diagnosable mental health condition and approximately 6% have a serious mental illness. This report also notes that 6.7%
have major depression, 2.6% have bipolar disorder, 1.1% have schizophrenia, and 9.1% have a personality disorder (National Institute of Mental Health, n.d.).

Some studies have found that offenders have higher rates of psychological disorders than community samples. Diamond et al. (2001) reviewed prevalence studies for mental health problems among offenders in state prisons in Ohio, California, and Michigan. They compared this data to general prevalence information. The authors found that offenders had higher rates of several disorders as compared to the community sample. For example, the lifetime prevalence rates for major depression among offenders in Ohio, California, and Michigan ranged from 7.2% to 12.7% compared to 6.4% among the community sample. Additionally, offenders from the three states had lifetime prevalence rates for bipolar disorder around 2.8%, and the community sample had a rate of 0.8% for bipolar disorder (Diamond et al., 2001).

In addition to Axis I disorders, there also appear to be high rates of personality disorders among offenders. Rotter, Way, Steinbacher, Sawyer, and Smith (2002) examined personality disorders for inpatient and outpatient state prisoners from New York. Offender records were obtained from the State Office of Mental Health (SOHM) for 159 inpatient and 7,383 outpatient offenders. Offenders were categorized as having antisocial personality disorder, borderline personality disorder, personality disorder not otherwise specified, personality disorder other, or not having a personality disorder based on their SOHM diagnosis. Rotter et al. found that, overall, 36.5% of inpatient offenders had a personality disorder diagnosis, and 21% of outpatient offenders had a personality disorder diagnosis. When comparing offender results to community samples, offenders tended to have higher rates of personality disorders. Rotter et al. also found that offenders with a personality disorder diagnosis often had a comorbid Axis I disorder.
Research on difficult patients has also found a common relationship between substance abuse and being labeled difficult. Many offenders have a history of substance abuse and continue to use while incarcerated. A survey of state and federal inmates in 1997 found that more than 80% of state and more than 70% of federal inmates had a history of drug use. Additionally, 51% of all prisoners (state and federal) reported that they were under the influence of alcohol or drugs when committing their crime (Mumola, 1997).

Substance abuse in correctional settings

While substance use is problematic in the community, it continues to be an issue inside of prisons as well. One study found that approximately 52% of inmates used substances while incarcerated with marijuana and alcohol being the most popular. On the other hand, some offenders (36%) reported discontinuing substance use once incarcerated (Simpler & Langhinrichsen-Rohling, 2005). One study examining only injection drug users (IDUs) found that 31% of IDUs reported substance use in prison (Clarke, Stein, Hanna, Sobota, & Rich, 2001). Another study found lower prevalence rates for substance abuse in general with 36% of inmates reporting any substance use while incarcerated (Gilespie, 2005). In comparison, a report from the United States Department of Health and Human Services (2008) found that 8% of the U.S. population, aged 12 and older, were illicit drug users.

Chronic illness in correctional settings

Another variable to consider in offenders is chronic illness, which has been associated with the difficult label in community samples (John et al., 1987). Community studies of “difficult” patients have found that complex and ambiguous illnesses were associated with being labeled difficult. Although the community studies did not specify the types of illnesses, chronic illnesses are often complex and ambiguous. Chronic illnesses, such as HIV and hepatitis, are
widespread in offender populations. A report by the National Commission on Correctional Health Care (NCCHC, 2002) collected data on diseases in offenders at their time of release from prison. The prevalence rates of diseases reported by the NCCHC were estimates based on national databases for prison and jail inmates. Percentages were determined using 2 million as the number of incarcerated offenders, which was the 1999 estimate. Based on this, approximately 1.7 to 2% of inmates had HIV in 1997. Approximately 1.8% of inmates had hepatitis B in 1997 and another 15 to 16.6% of inmates had hepatitis C. Finally, 6.5% of offenders in 1997 tested positive for tuberculosis. General prevalence rates for HIV in the US in 2005 was 0.6% for adults ages 15 to 49 years (World Health Organization, 2006). The US had a prevalence rate of 1.8% for hepatitis C in 1999 (World Health Organization, 1999).

Noncompliance, somatization, and malingering in correctional settings

Two other characteristics identified in community samples of “difficult” patients are noncompliance and somatization. It is likely that noncompliance is present among offender patients, as offenders encounter a variety of issues that may increase noncompliance (e.g. waiting in long lines for medication, lack of control over medical treatment). However, a review of literature revealed no research on this issue. There are also no published studies on somatization in prisons.

Prisons are unique communities that differ from the general public in many ways. As a result, there could be several unique variables associated with “difficult” patients in prison. One possible variable is malingering. Malingering is characterized by voluntary deception for an external gain (American Psychological Association, 2000). In prison, external or secondary gain might be receiving medical attention, time away from one’s cell, time off work, and acquisition of medication, among other things. Research on malingering in forensic settings has tended to
focus on malingering of mental illnesses. Prevalence rates for malingering mental illnesses among offenders have ranged from as high as 32% (Pollock, Quigley, Worley, & Bashford, 1997) to approximately 16% (Rogers, Salekin, Sewell, Goldstein, & Leonard, 1998; Rogers, Sewell, & Goldstein, 1994). Estimates of malingering rates in community samples tend to be much lower, ranging from 1 to 7% (Hutchinson, 2001; Rogers et al., 1998). Few existing studies have examined if malingering or seeking some type of secondary gain is related to being perceived as difficult. However, studies by Klein et al. (1982) and Steinmetz and Tabenkin (2000) found a relationship between malingering and being labeled as difficult.

Receiving care in correctional facilities

Accessing health care in prisons has some similarities to that of the community; however, there are also differences that are not experienced by community patients. Similar to the provision of health care in the community, offenders meet with a nurse prior to meeting with a physician during their medical appointments. It is during these meetings that important information about an inmate’s medical situation is collected and evaluated prior to being passed on to the physician. Nurses’ evaluations convey information, such as the possibility of malingering and medication seeking, that could affect how the physician will view the offender. Nurses in prisons often serve as gatekeepers. More specifically, in many prisons, nurses have the ability to screen out offenders whom they believe do not warrant medical attention. In effect, this results in offenders not being able to gain access to physicians. Knowledge that an offender has certain problems, such as a mental illness, or ascribing the difficult patient label, may have important implications for the type of medical services an offender receives or whether the offender receives services at all.
Nurses’ opinions of offenders are not only affected by their one-on-one interactions but also by the larger correctional setting and people they work with. Prisons emphasize security, punishment, and offender control, values that are potentially in conflict with nursing’s role of providing patient care. Consequently, nurses often have conflicting feelings about providing care in prison. In fact, nurses are often told when entering prisons to be cautious of offenders’ motives for seeking medical treatment. Nurses often encounter statements, such as “empathy will be your downfall” and “politeness (on part of the offender) is a form of manipulation” (Maeve, 1997, p. 504). While nurses in community settings frequently engage in warm, caring relationships with their patients, nurses in forensic settings are not allowed to touch offenders except for medical necessity and they are expected to remain “professional” (e.g. “distant, aloof, and suspicious”) (Maeve, 1997 p. 504). Nurses have also been warned that if inmates become upset with their care, it is probably an attempt to manipulate; however, not all nurses who receive negative messages about offenders accept them. A study by Weiskopf (2004) interviewed nine nurses employed in correctional facilities. Weiskopf found that several nurses reported that they “looked beyond the offenders’ past behavior” in order to work with them (p.340).

Nurses often report being influenced by others (e.g. correctional officers, physicians, other nurses) in the prison setting. As a result, their idea of what constitutes appropriate medical care may also be influenced by what others believe. An observational study by Droes (1994) found that some nurses acknowledge the importance of public health and social-psychological problems in working with ill offenders, while other nurses only focused on medical problems. A third group, which the author called “other-directed,” held views of nursing that reflected the views of important people in the facility (i.e. other nurses, physicians, correctional officers).
Therefore, if other important staff members have negative views of specific offenders or even the general offender population, then nurse-patient interactions could suffer.

Similar to community settings, health care providers and patients in prison often have different views of illness and of the care received. In a study by Martin, Russell, and Goodwin (1991), 252 English offenders and the attending physician were surveyed about their perceptions of health care in prison. They found that the offenders perceived themselves as being more ill than people from the community. The physician noted that offenders tended to present with vague symptoms and indicated that he was less able to diagnose offenders’ medical problems than patients in the community. The authors found that although offenders cannot self-medicate, offenders’ responses suggest that they do have other methods of treating their symptoms (e.g. sleeping and talking to other offenders). They also found that offenders were more likely to seek treatment because someone told them to as compared to community patients who were more likely to seek treatment because their physician told them to return. Another finding suggests that the physician perceived himself as giving more advice to offenders than community patients; however, few offenders felt as if they received advice from the physician. Additionally, both the physician and offenders reported that offenders received less reassurance from the physician than community patients.

Statement of the problem

Research with community samples has found certain characteristics to be consistently associated with the perception of patients as difficult. However, this research has not been extended to prison samples. Offender patients are particularly vulnerable to nurses’ and physicians’ decisions because they have little control over when they see a physician, what treatments are prescribed, when those treatments are implemented, and the opportunity to seek
out a second opinion. Furthermore, how nurses perceive offender patients can impact whether an offender will even be seen by a physician. Negative offender-nurse interactions can also affect nurses. These interactions can trigger feelings of anger and frustration in nurses that may ultimately lead to burnout or other negative consequences. Therefore, it is important to have an adequate understanding of how nurses perceive offenders and how these perceptions can be improved to benefit both nurses and offenders.

The goal of this study is to determine if patients perceived as difficult in prison are defined differently than patients perceived as difficult in the community. This study has several hypotheses based on previous research findings.

i. Difficult patients in prison would be described as having personality disorders, Axis I disorders, and psychosomatic symptoms more often by nurses as compared to difficult patients in primary care settings.

ii. Difficult patients in prison would be rated by nurses as more frequently malingering, medication seeking, and making frequent requests to see the doctor as compared to difficult patients in primary care settings.

iii. There would be a higher rate of difficult patients in prison as compared to the primary care settings, as indicated by nurses’ estimation of difficult patients in their work setting.
CHAPTER 2

Method

Design

This study will use a between-subjects design to examine nurses’ perceptions of patients in prisons labeled difficult compared to patients in primary care settings as related to the patient’s perceived psychopathology, health problems, malingering, medication seeking, and frequency of medical requests or visits. A sample of nurses currently working in a prison setting and a sample of nurses working in a primary care setting were selected for the purpose of this study. The independent variables are patients’ psychopathology, health problems, malingering, medication seeking, frequency of medical visits, history of substance abuse, and noncompliance all of which were assessed through a questionnaire created specifically for this study. The dependent variables are nurses’ perceptions of difficulty in working with offender patients and community patients.

Power analyses

A power analysis was used to determine the appropriate sample size of 64 participants for the prison nurses and 64 participants for community nurses. In order to estimate sample size, a standard alpha level of 0.05 and power level of 0.8 was used for this study to minimize Type I and Type II errors. A medium effect size was assumed based on Hahn et al.’s (1994) study. Hahn et al. found a small to medium effect size ($r = 0.22$) for the differences between difficult and non-difficult patients on correlations between personality types and the DDPRQ. Similarly,
Hahn et al. found a medium effect size for the differences between difficult and non-difficult patients on correlations between somatization and the DDPRQ \((r = 0.32)\) and between severity of psychopathology and the DDPRQ \((r = 0.47)\). A medium effect size was also assumed for the relationship between the difficult patient label and variables that have either not been included in previous studies or were included in studies but an effect size was not able to be calculated. These variables include malingering, history of substance abuse, chronic illness, noncompliance, and medication seeking.

**Participants**

Participants in this study are nurses working in correctional settings in the Midwest and primary care settings in Indiana. Nurses were chosen to participate because they typically have the most interactions with a large number of patients in both correctional and community settings. Nurses working in correctional settings were recruited through the National Commission on Correctional Health Care (NCCHC), which is an organization that works toward improving the quality of health care in correctional settings.

All nurses were eligible to participate in this study; however, only data coming from nurses that have worked for at least six months in a correctional or primary care setting were analyzed. This requirement was set in order to screen out participants that may not have had sufficient work experience in treating patients in these settings. Nurses that have spent less than six months may not have had enough time and experience working with patients to develop a sense of who is a “difficult” patient in a correctional or primary care environment.

A sample of 66 correctional nurses was obtained. See Table 1 for demographic information about the sample. Fifty-five were women and 11 were men. The average age of the correctional participants was 51.62 and ranged from 29 to 69. The majority of participants
identified as Caucasian (89.4%) with the remaining participants identifying as African American (4.5%), Native American (3%), Latino (1.5%), and “other” (1.5%). Most correctional nurses reported being registered nurses (75.8%) with the remaining identifying as licensed practical nurse (9.1%), nurse practitioner (7.6%), multiple licenses (4.5%), and “other” licenses (3%).

The mean length of employment at the correctional nurses’ current setting was 8.17 years and ranged from 1 year to 28 years. The mean length of total employment at a correctional facility was 10.27 years and ranged from 1 year to 30 years. The mean length for overall employment as a correctional nurse was 22.89 years with a minimum of 3 years and a maximum of 47 years.

Participants were asked to identify the security level that they primarily worked in as the reception center, minimum, low medium, high medium, maximum security, or “other” setting. High medium was identified as the primary security level by 34.8% of respondents, low medium by 33.3%, maximum by 31.8%, minimum by 12.1%, and reception center by 12.1%. Less than half (42.4%) of respondents reported working on a security level other than what was specified by the survey. Participants were also asked to identify their primary work setting as dormitory, medical clinic, segregation, or other. Most nurses reported working primarily in the correctional setting’s medical clinic (77.3%) with the remaining respondents identifying dormitory (15.2%), segregation (10.6%), and other (9.1%) as their primary work setting.

Ninety-seven percent of correctional nursing respondents indicated that they had worked in settings other than a correctional environment. Most correctional nurses indicated prior experience with psychiatric populations (75.8%). Participants were also asked to identify factors attracting them to work in a correctional setting. The majority of participants identified the availability of hours and scheduling opportunities as being their primary reason for becoming a
correctional nurse and benefits as being the most important factor in remaining a correctional nurse.

Fifty-eight valid responses were obtained for the community nursing sample. The sample was comprised of 57 women and one man. The average age of community nursing participants was 50.95 and ranged from 27 to 63 years old. The majority of participants identified as Caucasian (94.8%) with the remaining participants identifying as African American (1.7%), Latino (1.7%), and “other” (1.7%). Most community nurses reported being registered nurses (46.6%) with the remaining identifying as nurse practitioner (34.5%), multiple licenses (17.2%), and “other” licenses (1.7%).

The mean length of employment at the community nurses’ current setting was 7.64 years and ranged from 1 year to 30 years. The mean length of total employment at a primary care setting was 16.16 years with a range of 1 year to 39 years. The mean for overall employment as a nurse was 25 years with a minimum of 1 year and a maximum of 44 years. Participants were asked to identify the patient group they primarily worked with as infants, children, adolescents, young adults, adults, and elderly. Adult was identified as the primary patient group by 81% of respondents, elderly (24.1%), young adult (15.5%), children (5.2%), and adolescents (3.4%). No participants identified infants as their primary patient group. Most nurses reported working with patients other than their primary patient groups (93.1%).

Eighty-four and a half percent of community nursing respondents indicated that they had worked in settings other than a primary care setting. Most community nurses indicated prior experience with psychiatric populations (79.3%). Participants were also asked to identify factors attracting them to work in a primary care setting. The majority of participants identified working with patients as their primary reason for becoming and remaining a primary care nurse.
Table 1

Demographic information for correctional and community nurses

<table>
<thead>
<tr>
<th></th>
<th>Correctional Sample $N = 66$</th>
<th>Community Sample $N = 58$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>16.7</td>
<td>1.7</td>
</tr>
<tr>
<td>Female</td>
<td>83.8</td>
<td>98.3</td>
</tr>
<tr>
<td>Race/ethnicity</td>
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<td></td>
</tr>
<tr>
<td>African American</td>
<td>4.5</td>
<td>1.7</td>
</tr>
<tr>
<td>Caucasian</td>
<td>89.4</td>
<td>94.8</td>
</tr>
<tr>
<td>Latino</td>
<td>1.5</td>
<td>1.7</td>
</tr>
<tr>
<td>Native American</td>
<td>3.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>1.5</td>
<td>1.7</td>
</tr>
<tr>
<td>License</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered nurse</td>
<td>75.8</td>
<td>46.6</td>
</tr>
<tr>
<td>Licensed practical nurse</td>
<td>9.1</td>
<td>34.5</td>
</tr>
<tr>
<td>Nurse practitioner</td>
<td>7.6</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>3.0</td>
<td>1.7</td>
</tr>
<tr>
<td>Multiple licenses</td>
<td>1.5</td>
<td>17.2</td>
</tr>
<tr>
<td>Primary prison security setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum</td>
<td>12.1</td>
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<tr>
<td>Low medium</td>
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<td>High medium</td>
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<tr>
<td>Maximum</td>
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<tr>
<td>Reception center</td>
<td>12.1</td>
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<tr>
<td>Primary type of patient</td>
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<td></td>
</tr>
<tr>
<td>Nurse works with (community)</td>
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<td></td>
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<tr>
<td>Child</td>
<td>5.2</td>
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<tr>
<td>Adolescent</td>
<td>3.4</td>
<td></td>
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<tr>
<td>Young adult</td>
<td>15.5</td>
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</tr>
<tr>
<td>Adult</td>
<td>81.0</td>
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<tr>
<td>Elderly</td>
<td>24.1</td>
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Table 1 (Continued)

<table>
<thead>
<tr>
<th>Primary work setting (correctional)</th>
<th>Correctional Sample $N = 66$</th>
<th>Community Sample $N = 58$</th>
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<tbody>
<tr>
<td>Dormitory</td>
<td>15.2</td>
<td></td>
</tr>
<tr>
<td>Medical clinic</td>
<td>77.3</td>
<td></td>
</tr>
<tr>
<td>Segregation</td>
<td>10.6</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>9.1</td>
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<table>
<thead>
<tr>
<th>Have you worked in other settings?</th>
<th>Correctional</th>
<th>Community</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>97.0</td>
<td>84.5</td>
</tr>
<tr>
<td>No</td>
<td>3.0</td>
<td>15.5</td>
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</table>

<table>
<thead>
<tr>
<th>Other work settings</th>
<th>Correctional</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prison</td>
<td>---</td>
<td>1.7</td>
</tr>
<tr>
<td>Family clinic</td>
<td>21.2</td>
<td>5.2</td>
</tr>
<tr>
<td>Hospital</td>
<td>77.3</td>
<td>55.2</td>
</tr>
<tr>
<td>Nursing home</td>
<td>34.8</td>
<td>31.0</td>
</tr>
<tr>
<td>School</td>
<td>7.6</td>
<td>10.3</td>
</tr>
<tr>
<td>Other</td>
<td>40.9</td>
<td>37.9</td>
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</table>

<table>
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<th>Prior work experience in psychiatric unit/rotation</th>
<th>Correctional</th>
<th>Community</th>
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<tr>
<td>Yes</td>
<td>75.8</td>
<td>79.3</td>
</tr>
<tr>
<td>No</td>
<td>24.2</td>
<td>20.7</td>
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</table>

<table>
<thead>
<tr>
<th>Mean (SD)</th>
<th>Correctional</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>51.62 (8.26)</td>
<td>50.95 (8.04)</td>
</tr>
<tr>
<td>Length of employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In a correctional setting</td>
<td>10.27 (6.53)</td>
<td></td>
</tr>
<tr>
<td>In a community setting</td>
<td>----</td>
<td>16.16 (11.54)</td>
</tr>
<tr>
<td>Current job</td>
<td>8.17 (5.48)</td>
<td>7.64 (6.93)</td>
</tr>
<tr>
<td>Total employment as a nurse</td>
<td>22.89 (11.16)</td>
<td>25.00 (10.54)</td>
</tr>
</tbody>
</table>
Measures

**Demographic questionnaire.** Nurses were asked to complete a demographic questionnaire. The demographic questionnaire asked information such as the participant’s age, gender, race, type of nursing license, and years employed as a nurse. Two separate demographic questionnaires have been created for nurses in correctional and primary care settings. Separate questionnaires were created in order to assess the type of patients that each group sees. For example, nurses in primary care may work with patients as young as infants whereas correctional nurses may be treating patients in a variety of locations throughout the prison complex. See Appendix A and B.

**Difficult Doctor-Patient Relationship Questionnaire.** This study used a modified version of the Difficult Doctor-Patient Relationship Questionnaire (DDPRQ), which was created by Hahn et al. (1994) to assess health care providers’ perceptions of difficulty for individual patients. The DDPRQ is a 30-item measure using a 6 point-Likert scale. Examples of DDPRQ questions include: “How demanding was this patient today?” and “How self-destructive is this patient?” The DDPRQ is filled out by physicians after specified patient encounters and typically takes 2 to 3 minutes to complete. Hahn et al. found that a cutoff score of 90 is most useful in identifying patients that physicians find difficult. The DDPRQ was found to have good internal consistency (Cronbach’s alpha = 0.96) and to be face valid. The DDPRQ has five factors: Demanding/irritating patient, Physician dysphoria (i.e. a physician’s negative emotional reaction to a patient), Compliance and communication, Self-destruction, and Seductive patient (Hahn et al., 1994).
An additional 13 items were added to the DDPRQ in order to more fully assess the variables being studied, such as malingering, medication seeking, and chronic illness. This created a total of 43 items 30 of which came from the DDPRQ and 13 that were added specifically for this study. Examples of questions added to the DDPRQ questionnaire include: “How reasonable was the patient’s request for medication?” and “Did this patient appear to have any mental health problems or psychological disorders (e.g. depression, anxiety, psychosis)?” Items on the revised DDPRQ are answered on a Likert scale from 1 to 6.

Two items were adapted from the Whiteley-7 scale (Fink et al., 1999), which is a measure assessing somatization and hypochondrias. Examples of these items include “To what extent does this patient worry about his/her health?” and “Does the patient believe you or the doctor when he/she is told nothing is wrong?” A factor analysis was performed on the additional items to determine whether items loaded on factors that are conceptually linked to the categories of interest (e.g. medication seeking, malingering).

Nurses were asked to describe the typical patient and the average difficult patient that they treat. Nurses were prompted to think back to the past three working days and asked to complete the DDPRQ and the additional items for one patient that elicited feelings of discomfort or dislike. The questionnaire used the same 6-point Likert scale used for the DDPRQ, with 1 indicating a positive encounter and 6 indicating an unpleasant encounter. Two separate DDPRQ questionnaires were prepared for nurses in correctional and primary care settings. See Appendix A and B.

Procedure

Correctional nursing participants were obtained with the consent of NCCHC. Participants were surveyed from Indiana, Illinois, Ohio, Michigan, Missouri, and Wisconsin.
Community nursing participants were obtained through ISNA and were living or working in Indiana, Illinois, or Kentucky. Packets for community participants were mailed directly to the nurses’ home or work addresses based on the address they gave NCCHC or ISNA. In addition to the questionnaires, nurses received written instructions on how to complete the questionnaires. A consent letter was included describing the purpose of the study, confidentiality, benefits and risks of the study, and the incentives to participate. See Appendix C. Participants were provided with a pre-addressed and stamped envelope in order to return the questionnaires.

Completed questionnaires were reviewed for completeness as well as to determine if they met the criteria for consideration in this study. Participants who indicated that they were employed as a nurse in a community or correctional setting for less than six months were excluded. Community nursing participants that indicated employment in a setting other than primary care were also excluded; this included nurses employed in hospitals or specialty areas.

Six hundred and fifty-two questionnaires were mailed to members of the NCCHC. One hundred and eighty-eight surveys were returned. Seventy-four surveys were returned as undeliverable, 16 were not substantially complete, 15 were completed by nurses not working in a correctional setting, 10 were completed by nurses who had retired, 6 were completed by nurses who had no direct patient contact, and 1 was completed by a nurse with less than six months of experience in a correctional facility. Sixty-six surveys were returned substantially complete by nurses in correctional settings and were analyzed as part of this study.

Nine hundred and thirty-one questionnaires were mailed to members of the ISNA. Two hundred and sixty-two questionnaires were returned. Out of those, 131 nurses were not working in a primary care setting, 45 had retired, 17 participants did not return a substantially complete
questionnaire, and 11 were undeliverable. After removing the above mentioned surveys, 58 surveys were analyzed as part of this study.

An initial mailing of community sample questionnaires contained errors on the anchors for three questions. Errors affected the questions for “How unreasonable were this patient’s expectations?” and “How frustrating do you find this patient?” for the difficult patient questionnaire. The error affected the question “How unreasonable were this patient’s expectations?” for the typical patient questionnaire. These questions were excluded from the data analysis but the remaining responses were used in the data analysis given the small usable sample size for the community nurses. These errors affected six of the questionnaires used in the data analysis.

Several items were reverse scored so that all responses were in the same direction (i.e. a number 1 indicates positive encounter or reaction and 6 equals an unpleasant encounter or reaction). An overall mean score of “difficulty” was created by adding together the original 30 items from the DDPRQ. Hahn et al. (1994) used a DDPRQ total score of 90 as a cutoff point for classification. Thus, patients scoring 90 or higher would be classified as difficult. This same cutoff was applied in this study on items from the original DDPRQ and did not include the additional items added to the DDPRQ specifically added for this study.
CHAPTER 3

Results

Patient information

Nurses were asked to provide demographic information for difficult and typical patients. Table 2 provides complete demographic information. Of the patients rated as difficult in correctional settings, 54 were men and 12 were women. The average age was 33.41 years and ranged from 14 to 68 years. The majority were identified as African American (51.5%) with the remainder being identified as Caucasian (47%) and “other” (1.5%). Correctional nurses indicated that the difficult patients mostly commonly had less than a high school education (54.5%) and were of lower socioeconomic status (68.2%). Correctional nurses noted that 66.7% of difficult patients presented with a physical problem and 69.7% presented with a chronic health problem. Approximately 70% of nurses described negative feelings during or after interacting with this patient and 89.4% believed they would see this patient again.

Regarding the patients rated as difficult in community settings, 23 were men and 35 were women. The average age was 48.72 and ranged from 5 to 80 years. The majority of patients were identified as Caucasian (79.3%) with the remainder being identified as African American (17.2%) and Latino (3.4%). Community nurses indicated that difficult patients most commonly had a high school education (51.7%) and were of either lower (34.5%) or middle socioeconomic status (34.5%). Community nurses identified 75.9% of difficult patients as presenting with a physical problem and 62.1% presenting with a chronic health problem. Approximately 74% of
community nurses described negative feelings as a result of this interaction and 67.2% believed they would see this patient again.

Nurses also rated the typical patients they see in their work setting. Sixty-three of the correctional patients rated as typical were men, and three were identified as women. The average age for these patients was 29.44 years and ranged from 15 to 50 years. Most patients were identified as African American (69.7%) with the rest identified as Caucasian (22.7%) and “other” (7.6%). Most were identified as having less than high school education (72.7%) and being of lower socioeconomic status (68.2%). Correctional typical patients tended to present with physical problems (57.6%) and 48.5% presented with a chronic health condition. Forty-seven percent of correctional nurses reported positive feelings during or after interaction with this patient and 84.8% believed they would see this patient again.

Concerning patients rated as typical in community settings, 33 were female, 24 were men, and 1 patient’s sex was not identified. Their average age was 50.17 years and ranged from 5 to 80 years. Most were identified as Caucasian (79.3%) with the remaining patients being identified as African American (13.8%), Asian American (3.4%), and Latino (3.4%). The majority of community typical patients were identified as having a high school education (77.6%) and being of working socioeconomic status (43.1%). Most community typical patients presented with physical problems (84.5%) and most presented with an acute problem (56.9%). A majority of community nurses (75.9%) reported positive feelings during or after the interaction and 81% believed they would see the patient again.
Table 2

Demographic information for correctional and community patients

<table>
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<tr>
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<th>Correctional Sample N = 66</th>
<th>Community Sample N = 58</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Difficult</td>
<td>Typical</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>81.8</td>
<td>95.5</td>
</tr>
<tr>
<td>Female</td>
<td>18.2</td>
<td>4.5</td>
</tr>
<tr>
<td><strong>Race/ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>51.5</td>
<td>69.7</td>
</tr>
<tr>
<td>Asian American</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>47.0</td>
<td>22.7</td>
</tr>
<tr>
<td>Latino</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>1.5</td>
<td>7.6</td>
</tr>
<tr>
<td><strong>Education</strong></td>
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<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>54.5</td>
<td>72.7</td>
</tr>
<tr>
<td>High school</td>
<td>45.5</td>
<td>27.3</td>
</tr>
<tr>
<td>College</td>
<td>0.0</td>
<td>0.0</td>
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<tr>
<td>Other</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Socioeconomic status</strong></td>
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<td></td>
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<tr>
<td>Lower</td>
<td>68.2</td>
<td>68.2</td>
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<tr>
<td>Working</td>
<td>30.3</td>
<td>28.8</td>
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<tr>
<td>Middle</td>
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<td>0.0</td>
</tr>
<tr>
<td>Upper</td>
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<td>Other</td>
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<tr>
<td><strong>Hygiene</strong></td>
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<tr>
<td>Poor</td>
<td>19.7</td>
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<tr>
<td>Fair</td>
<td>48.5</td>
<td>54.5</td>
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<tr>
<td>Good</td>
<td>28.8</td>
<td>30.3</td>
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<tr>
<td>Excellent</td>
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<td>3.0</td>
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<tr>
<td><strong>Medical problem</strong></td>
<td></td>
<td></td>
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<tr>
<td>Physical</td>
<td>66.7</td>
<td>57.6</td>
</tr>
<tr>
<td>Psychological</td>
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<td>Other</td>
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<tr>
<td>Physical and psychological</td>
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Table 2 (Continued)

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<thead>
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<th>Correctional Sample N = 66</th>
<th>Community Sample N = 58</th>
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<tr>
<td></td>
<td>Difficult</td>
<td>Typical</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Chronicity of problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute</td>
<td>28.8</td>
<td>45.5</td>
</tr>
<tr>
<td>Chronic</td>
<td>69.7</td>
<td>48.5</td>
</tr>
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<td>Both</td>
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<td>0.0</td>
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<tr>
<td>Location seen</td>
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</tr>
<tr>
<td>Dorm/housing unit</td>
<td>25.8</td>
<td>9.1</td>
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<td>Medical clinic</td>
<td>57.6</td>
<td>77.3</td>
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<tr>
<td>Segregation</td>
<td>10.6</td>
<td>4.5</td>
</tr>
<tr>
<td>Other</td>
<td>6.1</td>
<td>6.1</td>
</tr>
<tr>
<td>Multiple locations</td>
<td>0.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Feelings about interaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>1.5</td>
<td>47.0</td>
</tr>
<tr>
<td>Negative</td>
<td>69.7</td>
<td>12.1</td>
</tr>
<tr>
<td>Neutral</td>
<td>4.5</td>
<td>15.2</td>
</tr>
<tr>
<td>Other</td>
<td>12.1</td>
<td>18.2</td>
</tr>
<tr>
<td>Belief that nurse will see this patient again</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>9.1</td>
<td>15.2</td>
</tr>
<tr>
<td>Yes</td>
<td>89.4</td>
<td>84.8</td>
</tr>
<tr>
<td>Belief that nurse will see this patient again for same problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>21.2</td>
<td>33.3</td>
</tr>
<tr>
<td>Yes</td>
<td>78.8</td>
<td>62.1</td>
</tr>
<tr>
<td>Age</td>
<td>33.42 (11.90)</td>
<td>29.44 (8.62)</td>
</tr>
</tbody>
</table>
Nursing variables

A chi-square test showed a significant difference between the response rates for the correctional and community nursing samples, $\chi^2(1, N = 1583) = 7.52, p < .01, \phi = .07$. Correctional nurses were significantly more likely to respond to the survey, with a response rate of 10.1% for correctional nurses and 6.2% for community nurses.

Fifty-nine out of 66 (89%) of the correctional patients identified as “difficult” by nursing participants actually met the cut-off score for difficulty as specified by Hahn et. al. Fifty out of 58 (86%) difficult community patients met this cut-off score. Nursing variables, including age, degree, years of employment, and race, were evaluated to determine if these factors may have influenced perceptions of difficulty.

Correlations were completed to see if nurses’ age was related to the patient being perceived as difficult. The 30 original DDPRQ items were added together and were treated as a continuous variable. Two separate correlations were completed, one for correctional nurses using difficult correctional patient data and one for community nurses using difficult community patient data. There was no significant correlation between age and nurses’ perception of the patient’s difficulty for the correctional sample $r = -.02, n = 63, p = .44$. Additionally, there was no significant correlation between age and nurses’ perception of the patient’s difficulty for the community sample $r = -.14, n = 57, p = .15$.

A chi-square test for independence was completed to determine if the type of nursing degree was associated with whether or not a difficult patient actually met Hahn et al.’s (1994) cut-off for difficulty. Chi-square tests were completed for both the correctional and community nurse samples. Results for the correctional sample indicated no significant association between type of nursing degree and whether a patient met Hahn et al.’s (1994) cut-off for difficulty, $\chi^2(4,$
\[ n = 66 \right) = 2.11, p = .72, \phi = .18. \] Results for the community sample indicated no significant association between type of nursing degree and whether a patient met Hahn et al.’s (1994) cut-off for difficulty, \[ \chi^2(3, n = 58) = 6.56, p = .09, \phi = .34. \]

A chi-square test was also completed to determine if nurses’ total years of employment as a nurse was associated with whether or not a difficult patient met Hahn et al.’s (1994) cut-off for difficulty. Length of total employment was grouped into categories of 6 month to 9 years, 10 years to 19 years, 20 years to 29 years, and so on. Results for correctional sample indicated no significant association between total years of employment and whether a patient met Hahn et al.’s (1994) cut-off for difficulty, \[ \chi^2(4, n = 66) = 4.69, p = .32, \phi = .27. \] Results for the community sample indicated no significant association between total years of employment and whether a patient met Hahn et al.’s (1994) cut-off for difficulty \[ \chi^2(4, n = 58) = 4.98, p = .29, \phi = .29. \]

Two-way between groups ANOVAs were completed to see if nurses’ race and patients’ race effected patients being perceived as difficult. Two separate ANOVAs were completed, one for correctional nurses using difficult correctional patient data and one for community nurses using difficult community patient data. The 30 original DDPRQ items were added together and used as the dependent variable. This variable was entered as a continuous variable rather than a dichotomous variable of either difficult or non-difficult. Racial groups were collapsed into two groups for the correctional sample, Caucasian and other racial groups, due to the small number of individuals identified as other racial groups. There was no significant interaction for race in the correctional sample, \[ F(1, 62) = .21, p = .65. \] Additionally, there were no main effects for nurses’ race, \[ F(1, 62) = 3.68, p = .06, \] or patients’ race, \[ F(1, 62) = .51, p = .48. \] Racial groups were collapsed into two groups for the community sample, Caucasian and other racial groups, as
there were even fewer racial minority groups identified in the community sample; however, this sample of nurses and the patients they identified were too racially homogenous to produce interaction effect results for the community sample.

A multivariate analysis of variance (MANOVA) was completed to compare correctional and community nurses on their responses to items assessing feelings about coworkers, general feelings about patients in their work environment, and the nurse’s individual feelings about patients in their work environment, which were used as the dependent variables. There was a significant difference between correctional and community nurses on responses to the above mentioned items, $F(6, 117) = 10.57, p < .001$, Pillai’s Trace = .35, $\eta^2_p = .35$. Each individual dependent variable was analyzed using a Bonferroni adjusted alpha level of .008, which was determined by dividing the original alpha of .05 by the number of dependent variables, which was 6. Results showed that correctional nurses reported more negative general attitudes toward patients than community nurses, $F(1, 122) = 58.14, p < .001, \eta^2_p = .32$, and correctional nurses reported more negative personal attitudes toward patients as compared to community nurses, $F(1, 122) = 32.22, p < .001, \eta^2_p = .21$. There was no effect on feelings about coworkers $F(1, 122) = 6.55, p = .01, \eta^2_p = .05$, satisfaction with work setting $F(1, 122) = 1.43, p = .23, \eta^2_p = .00$, job stress $F(1, 122) = 2.46, p = .12, \eta^2_p = .02$, or general life stress $F(1, 122) = .20, p = .66, \eta^2_p = .02$. See Table 3 for full results.
Table 3

*Multivariate analysis of variance for nurse variables looking at feelings about job and patients*

<table>
<thead>
<tr>
<th></th>
<th>Correctional Sample N = 66</th>
<th>Community Sample N = 58</th>
<th>F</th>
<th>( \eta^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( M ) (SD)</td>
<td>( M ) (SD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction in correctional or primary care setting</td>
<td>4.64 (.14)</td>
<td>4.89 (.15)</td>
<td>1.43</td>
<td>.01</td>
</tr>
<tr>
<td>Stressful job</td>
<td>2.89 (.16)</td>
<td>3.24 (.16)</td>
<td>2.46</td>
<td>.02</td>
</tr>
<tr>
<td>General life stress</td>
<td>3.87 (.13)</td>
<td>3.96 (.14)</td>
<td>0.20</td>
<td>.00</td>
</tr>
<tr>
<td>Feelings toward coworkers</td>
<td>4.47 (.13)</td>
<td>4.94 (.13)</td>
<td>6.55</td>
<td>.05</td>
</tr>
<tr>
<td>General attitude toward patients in current setting</td>
<td>3.44 (.12)</td>
<td>4.80 (.13)</td>
<td>58.14*</td>
<td>.32</td>
</tr>
<tr>
<td>Nurse’s attitude toward patients</td>
<td>4.22 (.10)</td>
<td>5.06 (.11)</td>
<td>32.22*</td>
<td>.21</td>
</tr>
</tbody>
</table>

* * \( p < .001 \)

*T-tests of patient characteristics*

It was hypothesized that there would be a higher rate of “difficult” patients in correctional settings as compared to community settings. In order to assess this, nurses were asked to indicate the percentage of difficult patients that they believe they work with in their particular setting. Nurses were given the opinion of choosing between four percentage ranges: 1 to 25%, 26 to 50%, 51 to 75%, and 76 to 100%. Correctional nurses (\( M = 1.58, SD = .85 \)) reported seeing significantly more “difficult” patients in their work than community nurses (\( M = 1.24, SD = 1.24 \), \( t(115.54) = 2.50, p = .01, d = .46 \)).
Multivariate analysis of variance

A MANOVA was conducted to compare “difficult” patients in correctional settings with “difficult” patients in primary care settings in order to examine the hypotheses that “difficult” patients in correctional settings would be evaluated more negatively on several factors. There was a significant difference between correctional and community nurses on the combined dependent variables, $F(43, 43) = 2.41, p = .002$, Pillai’s Trace = .71, $\eta^2 = .71$. A Bonferroni adjustment of .012 for determining significance was used, which was calculated by dividing the number of dependent variables (43) by 0.5. Several significant results were found when looking at the dependent variables individually. See Table 4 for full results.

The first hypothesis was that “difficult” correctional patients would be perceived as having more symptoms of psychopathology (i.e. Axis I disorders, personality disorders, and psychosomatic symptoms). Results showed that “difficult” correctional patients were rated as worrying less about their health as compared to community difficult patients, $F(1, 85) = 9.55, p = .003, \eta^2 = .10$. Results indicated that community “difficult” patients were rated as having more mental health problems than correctional “difficult” patients. However, this result was only approaching significance at .014 using a Bonferroni adjustment of .012. There was no significant difference in community or correctional ratings of health problems due to drug and alcohol use or whether the “difficult” patients believed their physician when they were told nothing was wrong.

The second hypothesis predicts that “difficult” correctional patients would be seen as malingering more frequently, seeking medication more frequently, and making more frequent requests to see the doctor. “Difficult” correctional patients were rated as exaggerating their medical symptoms more than the community difficult patients, $F(1, 85) = 10.05, p = .002, \eta^2 = \cdots$
“Difficult” correctional patients were rated as being less truthful about their medical symptoms as compared to community difficult patients, $F(1, 85) = 13.39, p = .000, \eta^2 = .14$.

“Difficult” correctional patients were rated as being more drug-seeking as compare to community difficult patients, $F(1, 85) = 8.88, p = .004, \eta^2 = .10$. “Difficult” correctional patients were rated as less reasonable in their requests for medication than community difficult patients, $F(1, 85) = 14.54, p = .000, \eta^2 = .15$. There was no significant difference in ratings for correctional and community “difficult” patients in regard to how manipulative the patient was or how frequently they requested to see the physician.

Table 4

Multivariate analysis of variance for comparing difficult correctional and community patients

<table>
<thead>
<tr>
<th></th>
<th>Correctional</th>
<th>Community</th>
<th>$F$</th>
<th>$\eta^2$</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Sample $N = 49$</td>
<td>Sample $N = 38$</td>
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<tr>
<td>Difficult personality</td>
<td>4.57</td>
<td>.16</td>
<td>4.63</td>
<td>.19</td>
</tr>
<tr>
<td>Enthusiasm about</td>
<td>4.22</td>
<td>.16</td>
<td>4.33</td>
<td>.18</td>
</tr>
<tr>
<td>caring for patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unreasonable patient</td>
<td>4.56</td>
<td>.20</td>
<td>4.30</td>
<td>.23</td>
</tr>
<tr>
<td>expectations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug/alcohol health</td>
<td>4.02</td>
<td>.28</td>
<td>3.18</td>
<td>.32</td>
</tr>
<tr>
<td>problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frustrating patient</td>
<td>4.35</td>
<td>.17</td>
<td>4.74</td>
<td>.19</td>
</tr>
<tr>
<td>Upbeat after seeing</td>
<td>4.49</td>
<td>.16</td>
<td>4.92</td>
<td>.18</td>
</tr>
<tr>
<td>patient</td>
<td></td>
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<tr>
<td>Negative feelings</td>
<td>3.93</td>
<td>.18</td>
<td>4.58</td>
<td>.21</td>
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<tr>
<td>about visit</td>
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<tr>
<td>Vague complaints</td>
<td>3.87</td>
<td>.21</td>
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<td>Demanding patient</td>
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<td>.18</td>
<td>4.76</td>
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Table 4 (Continued)

<table>
<thead>
<tr>
<th></th>
<th>Correctional Sample $N = 49$</th>
<th>Community Sample $N = 38$</th>
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<tr>
<td></td>
<td>$M$</td>
<td>$(SD)$</td>
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<tr>
<td>Time consuming patient</td>
<td>4.38</td>
<td>.17</td>
</tr>
<tr>
<td>Draining patient</td>
<td>4.20</td>
<td>.17</td>
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<tr>
<td>Hoping patient will not return</td>
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<td>.24</td>
</tr>
<tr>
<td>Manipulative patient</td>
<td>5.01</td>
<td>.20</td>
</tr>
<tr>
<td>Tense feelings</td>
<td>3.54</td>
<td>.18</td>
</tr>
<tr>
<td>Enjoyable caring for patient</td>
<td>4.70</td>
<td>.15</td>
</tr>
<tr>
<td>Patient understanding</td>
<td>3.51</td>
<td>.20</td>
</tr>
<tr>
<td>Looking forward to next visit</td>
<td>4.70</td>
<td>.13</td>
</tr>
<tr>
<td>Pleased with working relationship</td>
<td>3.98</td>
<td>.18</td>
</tr>
<tr>
<td>Seductive patient</td>
<td>1.83</td>
<td>.19</td>
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<tr>
<td>Feeling at ease</td>
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<td>.16</td>
</tr>
<tr>
<td>Feeling hopeless</td>
<td>3.16</td>
<td>.23</td>
</tr>
<tr>
<td>Patient overreact</td>
<td>4.74</td>
<td>.19</td>
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<tr>
<td>Transfer patient</td>
<td>3.68</td>
<td>.25</td>
</tr>
<tr>
<td>Feeling angry</td>
<td>2.58</td>
<td>.22</td>
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<tr>
<td>Feeling positive</td>
<td>3.93</td>
<td>.15</td>
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Table 4 (Continued)

<table>
<thead>
<tr>
<th></th>
<th>Correctional Sample N = 49</th>
<th>Community Sample N = 38</th>
<th>F</th>
<th>( \eta_{p}^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment compliance</td>
<td>4.32 (.21)</td>
<td>4.50 (.24)</td>
<td>0.33</td>
<td>.00</td>
</tr>
<tr>
<td>Neglect health self-care</td>
<td>4.26 (.22)</td>
<td>3.60 (.25)</td>
<td>3.71</td>
<td>.04</td>
</tr>
<tr>
<td>Minor problems</td>
<td>4.14 (.21)</td>
<td>3.66 (.24)</td>
<td>2.26</td>
<td>.03</td>
</tr>
<tr>
<td>Difficult communication</td>
<td>3.50 (.22)</td>
<td>4.00 (.25)</td>
<td>2.19</td>
<td>.03</td>
</tr>
<tr>
<td>Self-destructive patient</td>
<td>3.68 (.24)</td>
<td>3.47 (.28)</td>
<td>0.32</td>
<td>.00</td>
</tr>
<tr>
<td>Drug-seeking patient</td>
<td>4.18 (.28)</td>
<td>2.92 (.32)</td>
<td>8.88*</td>
<td>.10</td>
</tr>
<tr>
<td>Reasonable request for medication</td>
<td>4.21 (.20)</td>
<td>3.05 (.23)</td>
<td>14.54**</td>
<td>.15</td>
</tr>
<tr>
<td>Acute medical problems</td>
<td>4.18 (.24)</td>
<td>4.00 (.27)</td>
<td>0.26</td>
<td>.00</td>
</tr>
<tr>
<td>Diagnosed medical problem</td>
<td>2.15 (.18)</td>
<td>2.45 (.20)</td>
<td>1.23</td>
<td>.01</td>
</tr>
<tr>
<td>Treated medical complaints</td>
<td>2.65 (.21)</td>
<td>3.16 (.24)</td>
<td>2.55</td>
<td>.03</td>
</tr>
<tr>
<td>Exaggerating symptoms</td>
<td>4.52 (.21)</td>
<td>3.51 (.24)</td>
<td>10.05*</td>
<td>.11</td>
</tr>
<tr>
<td>Truthful about symptoms</td>
<td>4.27 (.20)</td>
<td>3.18 (.22)</td>
<td>13.39**</td>
<td>.14</td>
</tr>
<tr>
<td>Request to see physician</td>
<td>3.72 (.22)</td>
<td>3.42 (.26)</td>
<td>0.80</td>
<td>.01</td>
</tr>
<tr>
<td>Mental health problems</td>
<td>3.44 (.24)</td>
<td>4.37 (.28)</td>
<td>6.27</td>
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</tr>
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</table>
Table 4 (Continued)

<table>
<thead>
<tr>
<th></th>
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<th>$\eta^2$</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>(SD)</td>
<td>$M$</td>
<td>(SD)</td>
</tr>
<tr>
<td>Patient angry</td>
<td>4.04</td>
<td>.25</td>
<td>3.60</td>
<td>.28</td>
</tr>
<tr>
<td>Aggressive patient</td>
<td>3.07</td>
<td>.24</td>
<td>2.91</td>
<td>.28</td>
</tr>
<tr>
<td>Patient worry</td>
<td>3.38</td>
<td>.22</td>
<td>4.41</td>
<td>.25</td>
</tr>
<tr>
<td>Patient told nothing is wrong</td>
<td>2.31</td>
<td>.17</td>
<td>2.46</td>
<td>.19</td>
</tr>
</tbody>
</table>

Note. Each item is answered on a 6 point Likert scale where 1 equals a positive encounter and a 6 equals an unpleasant encounter or reaction.

* $p < .012$, ** $p < .001$.

A MANOVA was also completed to compare “typical” patients in correctional settings with “typical” patients in primary care settings. There was a significant difference between correctional and community nurses on the combined dependent variables, $F(43, 56) = 3.37, p = .000$, Pillai’s Trace = .72, $\eta^2 = .72$. A Bonferroni adjustment of .012 for determining significance was used, which was calculated by dividing the number of dependent variables (43) by 0.5. Significant results were found for 30 out of the 43 dependent variables. Results show that nurses tended to rate typical correctional patients higher on a number of negative behaviors, such as difficult personality, drug seeking behavior, mental health problems exaggeration of symptoms, and aggression, more so than community typical patients. Correctional typical patients were rated more negatively than community correctional patients on all items except for patient’s believe when they are told nothing it wrong, which was not a significant. See Table 5 for full results.
Table 5

*Multivariate analysis of variance for comparing typical correctional and community patients*

<table>
<thead>
<tr>
<th></th>
<th>Correctional Sample $N = 57$</th>
<th>Community Sample $N = 43$</th>
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<th>$\eta^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>(SD)</td>
<td>$M$</td>
<td>(SD)</td>
</tr>
<tr>
<td>Difficult personality</td>
<td>2.81</td>
<td>.17</td>
<td>2.09</td>
<td>.20</td>
</tr>
<tr>
<td>Enthusiasm about caring for patient</td>
<td>3.03</td>
<td>.13</td>
<td>2.02</td>
<td>.15</td>
</tr>
<tr>
<td>Unreasonable patient expectations</td>
<td>3.15</td>
<td>.18</td>
<td>2.19</td>
<td>.21</td>
</tr>
<tr>
<td>Drug/alcohol health problems</td>
<td>3.90</td>
<td>.20</td>
<td>1.93</td>
<td>.23</td>
</tr>
<tr>
<td>Frustrating patient</td>
<td>2.89</td>
<td>.18</td>
<td>1.78</td>
<td>.20</td>
</tr>
<tr>
<td>Upbeat after seeing patient</td>
<td>2.97</td>
<td>.15</td>
<td>2.05</td>
<td>.17</td>
</tr>
<tr>
<td>Negative feelings about visit</td>
<td>2.53</td>
<td>.15</td>
<td>1.60</td>
<td>.18</td>
</tr>
<tr>
<td>Vague complaints</td>
<td>2.97</td>
<td>.18</td>
<td>2.12</td>
<td>.20</td>
</tr>
<tr>
<td>Demanding patient</td>
<td>3.06</td>
<td>.19</td>
<td>2.40</td>
<td>.22</td>
</tr>
<tr>
<td>Time consuming patient</td>
<td>3.05</td>
<td>.19</td>
<td>2.93</td>
<td>.22</td>
</tr>
<tr>
<td>Draining patient</td>
<td>2.86</td>
<td>.18</td>
<td>2.21</td>
<td>.21</td>
</tr>
<tr>
<td>Hoping patient will not return</td>
<td>2.60</td>
<td>.18</td>
<td>1.54</td>
<td>.20</td>
</tr>
<tr>
<td>Manipulative patient</td>
<td>3.47</td>
<td>.19</td>
<td>1.94</td>
<td>.22</td>
</tr>
<tr>
<td>Tense feelings</td>
<td>2.23</td>
<td>.15</td>
<td>1.67</td>
<td>.18</td>
</tr>
<tr>
<td>Enjoyable caring for patient</td>
<td>3.32</td>
<td>.16</td>
<td>1.98</td>
<td>.18</td>
</tr>
</tbody>
</table>
Table 5 (Continued)

<table>
<thead>
<tr>
<th></th>
<th>Correctional Sample $N = 57$</th>
<th>Community Sample $N = 43$</th>
<th>$F$</th>
<th>$\eta_{p}^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient understanding</td>
<td>2.97 (0.15)</td>
<td>2.49 (0.18)</td>
<td>4.39</td>
<td>0.04</td>
</tr>
<tr>
<td>Looking forward to next visit</td>
<td>3.65 (0.15)</td>
<td>2.54 (0.18)</td>
<td>23.18**</td>
<td>0.19</td>
</tr>
<tr>
<td>Pleased with working relationship</td>
<td>2.90 (0.14)</td>
<td>2.12 (0.16)</td>
<td>12.74*</td>
<td>0.12</td>
</tr>
<tr>
<td>Seductive patient</td>
<td>1.68 (0.14)</td>
<td>1.35 (0.16)</td>
<td>2.63</td>
<td>0.03</td>
</tr>
<tr>
<td>Feeling at ease</td>
<td>2.60 (0.14)</td>
<td>1.74 (0.16)</td>
<td>15.39**</td>
<td>0.14</td>
</tr>
<tr>
<td>Feeling hopeless</td>
<td>2.57 (0.16)</td>
<td>1.77 (0.19)</td>
<td>10.40*</td>
<td>0.10</td>
</tr>
<tr>
<td>Patient overreact</td>
<td>3.53 (0.18)</td>
<td>2.42 (0.21)</td>
<td>15.83**</td>
<td>0.14</td>
</tr>
<tr>
<td>Transfer patient</td>
<td>2.43 (0.15)</td>
<td>1.42 (0.18)</td>
<td>18.80**</td>
<td>0.16</td>
</tr>
<tr>
<td>Feeling angry</td>
<td>1.79 (0.11)</td>
<td>1.26 (0.12)</td>
<td>10.34*</td>
<td>0.10</td>
</tr>
<tr>
<td>Feeling positive</td>
<td>2.75 (0.15)</td>
<td>1.98 (0.18)</td>
<td>11.00*</td>
<td>0.10</td>
</tr>
<tr>
<td>Treatment compliance</td>
<td>3.23 (0.18)</td>
<td>2.93 (0.20)</td>
<td>1.23</td>
<td>0.01</td>
</tr>
<tr>
<td>Neglect health self-care</td>
<td>3.41 (0.19)</td>
<td>2.59 (0.22)</td>
<td>7.65*</td>
<td>0.07</td>
</tr>
<tr>
<td>Minor problems</td>
<td>3.85 (0.19)</td>
<td>2.60 (0.21)</td>
<td>19.50**</td>
<td>0.17</td>
</tr>
<tr>
<td>Difficult communication</td>
<td>2.58 (0.17)</td>
<td>2.12 (0.20)</td>
<td>3.14</td>
<td>0.03</td>
</tr>
<tr>
<td>Self-destructive patient</td>
<td>2.86 (0.19)</td>
<td>2.07 (0.22)</td>
<td>7.34*</td>
<td>0.07</td>
</tr>
<tr>
<td>Drug-seeking patient</td>
<td>3.22 (0.20)</td>
<td>1.60 (0.23)</td>
<td>28.17**</td>
<td>0.22</td>
</tr>
</tbody>
</table>
Table 5 (Continued)

<table>
<thead>
<tr>
<th></th>
<th>Correctional Sample $N = 57$</th>
<th>Community Sample $N = 43$</th>
<th>$F$</th>
<th>$\eta^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasonable request for medication</td>
<td>$3.32$ (.17)</td>
<td>$1.98$ (.20)</td>
<td>$26.90^{**}$</td>
<td>$.22$</td>
</tr>
<tr>
<td>Acute medical problems</td>
<td>$3.59$ (.18)</td>
<td>$3.02$ (.21)</td>
<td>$3.99$</td>
<td>$.04$</td>
</tr>
<tr>
<td>Diagnosed medical problem</td>
<td>$2.34$ (.13)</td>
<td>$2.09$ (.15)</td>
<td>$1.55$</td>
<td>$.02$</td>
</tr>
<tr>
<td>Treated medical complaints</td>
<td>$2.39$ (.13)</td>
<td>$2.14$ (.15)</td>
<td>$1.58$</td>
<td>$.02$</td>
</tr>
<tr>
<td>Exaggerating symptoms</td>
<td>$3.47$ (.19)</td>
<td>$2.26$ (.22)</td>
<td>$17.47^{**}$</td>
<td>$.15$</td>
</tr>
<tr>
<td>Truthful about symptoms</td>
<td>$3.38$ (.18)</td>
<td>$2.09$ (.20)</td>
<td>$22.41^{**}$</td>
<td>$.19$</td>
</tr>
<tr>
<td>Request to see physician</td>
<td>$3.29$ (.17)</td>
<td>$2.24$ (.20)</td>
<td>$15.61^{**}$</td>
<td>$.14$</td>
</tr>
<tr>
<td>Mental health problems</td>
<td>$3.46$ (.20)</td>
<td>$2.65$ (.23)</td>
<td>$7.37^*$</td>
<td>$.07$</td>
</tr>
<tr>
<td>Patient angry</td>
<td>$2.93$ (.17)</td>
<td>$1.72$ (.20)</td>
<td>$21.16^{**}$</td>
<td>$.18$</td>
</tr>
<tr>
<td>Aggressive patient</td>
<td>$2.20$ (.15)</td>
<td>$1.49$ (.17)</td>
<td>$9.57^*$</td>
<td>$.09$</td>
</tr>
<tr>
<td>Patient worry</td>
<td>$3.72$ (.16)</td>
<td>$3.63$ (.19)</td>
<td>$0.13$</td>
<td>$.00$</td>
</tr>
<tr>
<td>Patient told nothing is wrong</td>
<td>$3.38$ (.20)</td>
<td>$4.04$ (.17)</td>
<td>$6.48$</td>
<td>$.06$</td>
</tr>
</tbody>
</table>

Note. Each item is answered on a 6 point Likert scale where 1 equals a positive encounter and a 6 equals an unpleasant encounter or reaction.

* $p < .012$, ** $p < .001$. 
Multiple regression

Simultaneous multiple regression analyses were completed for both correctional and community nursing samples to determine if variables such as job stress, general life stress, job satisfaction, feelings toward coworkers, and attitudes toward patients indicate whether or not a patient would be viewed as difficult by a nurse and whether the 13 additional items added to the DDPRQ were good predictors of difficulty. The 30 original DDPRQ items were added together to form the dependent variable. This variable was entered as a continuous variable rather than as a dichotomous variable of either difficult or non-difficult, as was used in some previous analyses. See Table 6 for full results.

Results for the correctional sample show that 51% (adjusted R squared) of the variance of perceived patient difficulty was accounted for with this model, $F(19, 39) = 4.20, p = .00$, which was significant. Adjusted R square was used to determine the variance for this model as a small sample size was used. In looking at the individual variables, only perceived patient aggression made a significant contribution to predicting difficulty, ($\beta = .32, p = .04$).

Results for the community sample show that 51.8% (adjusted R squared) of the variance was accounted for with this model, $F(19, 28) = 3.66, p = .00$, which was significant. Adjusted R square was used to determine the variance for this model as a small sample size was used. Further examination shows that perceptions of truthfulness, how frequently the patient requested to see the physician, and perceived mental health problems significantly contributed to the prediction of difficulty.
Table 6

Multiple regressions for nurse variables and perceptions of patients in predicting difficulty

<table>
<thead>
<tr>
<th></th>
<th>Correctional Sample $N = 66$</th>
<th>Community Sample $N = 58$</th>
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<tbody>
<tr>
<td></td>
<td>B</td>
<td>SE B</td>
</tr>
<tr>
<td>Satisfaction in correctional or primary care setting</td>
<td>-0.38</td>
<td>2.65</td>
</tr>
<tr>
<td>Stressful job</td>
<td>0.30</td>
<td>1.95</td>
</tr>
<tr>
<td>General life stress</td>
<td>-4.31</td>
<td>2.39</td>
</tr>
<tr>
<td>Feelings toward coworkers</td>
<td>1.21</td>
<td>2.53</td>
</tr>
<tr>
<td>General attitude toward patients in current setting</td>
<td>-1.02</td>
<td>2.77</td>
</tr>
<tr>
<td>Nurse’s attitude toward patients</td>
<td>-3.91</td>
<td>3.44</td>
</tr>
<tr>
<td>Drug-seeking patient</td>
<td>-0.38</td>
<td>1.64</td>
</tr>
<tr>
<td>Reasonable request for medication</td>
<td>2.20</td>
<td>2.74</td>
</tr>
<tr>
<td>Acute medical problems</td>
<td>1.54</td>
<td>1.52</td>
</tr>
<tr>
<td>Diagnosed medical problem</td>
<td>-2.15</td>
<td>2.38</td>
</tr>
<tr>
<td>Treated medical complaints</td>
<td>2.23</td>
<td>1.83</td>
</tr>
<tr>
<td>Exaggerating symptoms</td>
<td>3.54</td>
<td>2.38</td>
</tr>
</tbody>
</table>
Table 6 (Continued)

<table>
<thead>
<tr>
<th></th>
<th>Correctional Sample N = 66</th>
<th>Community Sample N = 58</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>SE B</td>
</tr>
<tr>
<td>Truthful about symptoms</td>
<td>-1.37</td>
<td>2.49</td>
</tr>
<tr>
<td>Request to see physician</td>
<td>2.85</td>
<td>1.94</td>
</tr>
<tr>
<td>Mental health problems</td>
<td>-0.73</td>
<td>1.48</td>
</tr>
<tr>
<td>Patient angry</td>
<td>1.60</td>
<td>1.95</td>
</tr>
<tr>
<td>Aggressive patient</td>
<td>3.62</td>
<td>1.72</td>
</tr>
<tr>
<td>Patient worry</td>
<td>-2.56</td>
<td>1.52</td>
</tr>
<tr>
<td>Patient told nothing is wrong</td>
<td>-2.01</td>
<td>2.27</td>
</tr>
</tbody>
</table>

* p < .05

Principle components analysis

Two separate principal components analyses (PCA) were completed in order to determine if the thirteen items that were added to the DDPRQ can be grouped into factors for the correctional and community samples. For the correctional sample, the data was inspected to determine the suitability of a factor analysis. The correlation matrix showed several coefficients of .30 and higher. Bartlett’s test of Sphericity reached statistical significance (p = .00), which indicates that this sample is appropriate for a PCA. Tabachnick and Fidell (2007) note that “Bartlett’s test is recommended only if there are fewer than, say, five cases per variable” (p. 614). The Kaiser-Meyer-Olkin value was .59. Kaiser (as cited in Dziuban and Shirkey 1974) noted that a Kaiser-Meyer-Olkin value in the .50s is not acceptable and that .60 is mediocre.
Tabachnick and Fidell (2007) also note that a Kaiser-Meyer-Olkin value of .60 or higher is recommended.

The Kaiser-Meyer-Olkin value indicates that this data set may not be suitable for a factor analysis; however, the principal components analysis indicated five factors with eigenvalues exceeding one, explaining 70.94% of the variance. The first factor contributed a total of 27.48%, factor two contributed 13.60%, factor three contributed 12.24%, factor four contributed 9.56%, and factor five contributed 8.05%. Communalities values tended to be high in value and were all higher than .50. An orthogonal rotation was completed. A review of the rotated component matrix showed that only a few questions loaded onto each factor with some common themes. Items measuring truthfulness and drug-seeking behavior strongly loaded on factor one and items measuring aggressiveness and patient anger strongly loaded on factor two. Several items loaded on factors three through five; however, only one item loaded solely on each of these factors. An item measuring perceptions of the patient’s mental health loaded onto factor three, an item measuring the acuteness of the patient’s problem loaded onto factor four, and an item measuring how easily the condition was diagnosed loaded onto factor five. See Table 7.
Table 7

*Principal components analysis of items added to the Difficult Doctor Patient Relationship Questionnaire*

<table>
<thead>
<tr>
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<th>Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>Drug-seeking patient</td>
<td>.79</td>
</tr>
<tr>
<td>Truthful about symptoms</td>
<td>.72</td>
</tr>
<tr>
<td>Reasonable request for medication</td>
<td>.66</td>
</tr>
<tr>
<td>Patient worry</td>
<td>-.53</td>
</tr>
<tr>
<td>Aggressive patient</td>
<td>.89</td>
</tr>
<tr>
<td>Patient angry</td>
<td>.87</td>
</tr>
<tr>
<td>Mental health problems</td>
<td></td>
</tr>
<tr>
<td>Request to see physician</td>
<td>.35</td>
</tr>
<tr>
<td>Treated medical complaints</td>
<td>.31</td>
</tr>
<tr>
<td>Acute medical problems</td>
<td></td>
</tr>
<tr>
<td>Exaggerating symptoms</td>
<td>.53</td>
</tr>
<tr>
<td>Diagnosed medical problem</td>
<td></td>
</tr>
<tr>
<td>Patient told nothing is wrong</td>
<td></td>
</tr>
</tbody>
</table>

A principal components analysis was also completed for the community “difficult” patients. The data was inspected to determine the suitability of a factor analysis. The correlation matrix showed a number of coefficients of .30 and higher. However, the Kaiser-Meyer-Olkin
value was .48, which indicates that this is not an appropriate sample for a factor analysis. Thus, the data from the analysis were not examined further.
CHAPTER 4
Discussion

The purpose of this study was to examine nurses’ perceptions of difficult patients in prison and in primary care settings. There are a number of studies examining how a “difficult” patient is defined in terms of Axis I disorders, somatization, complex health problems, and aggression. These studies have focused on community settings, such as primary care. However, these studies have not branched out to other populations, such as offenders. It is likely that correctional health care providers will encounter different behaviors, traits, or experiences in offender populations than community nurses will encounter with their patients. As a result, correctional nurses are likely to identify different factors as indicators of difficulty.

It was hypothesized that "difficult” offender patients would be perceived as having personality disorders, Axis I disorders, and psychosomatic symptoms more often as compared to difficult patients in primary care settings. The data did not show a significant difference between correctional and community nurses’ ratings of perceived mental health problems. The results approached significance for community nurses rating difficult patients as having more mental health problems, and the results may have reached significance if a larger sample size had been obtained. Given that mental health problems are more prevalent among offenders as compared to the general population, it may be that correctional nurses are desensitized to seeing mental health problems and perceive mental health problems to be normative among the patients they treat. This is consistent with the finding that correctional nurses rated typical correctional
patients as having higher rates of mental health and substance abuse problems as compared to how community nurses rated typical community patients. Additionally, correctional nurses did not rate “difficult” offender patients higher on items indicative of somatization disorders. More specifically, “difficult” correctional patients were rated as worrying less about their health as compared to community difficult patients and there was no significant difference in ratings for correctional and community “difficult” patients in regard to if they believed their physician when they were told nothing was wrong.

The second hypothesis was that "difficult” patients in prison would be perceived as more frequently malingering, seeking medication more frequently, and making more frequent requests to see the doctor as compared to difficult patients in primary care settings. The data supported this hypothesis in that "difficult” offender patients were rated as being less truthful, exaggerating their symptoms more, and were also perceived as being more drug-seeking than "difficult” community patients. However, there was no significant difference in nurses’ perception of how frequently patients requested to see a physician or perceptions of manipulative behavior.

Finally, the third hypothesis was that there would be a higher rate of "difficult” patients in prison compared to primary care settings. The data show that correctional nurses estimated a higher number of "difficult” patients in their work setting as compared to community nurses.

Perceptions of patients’ truthfulness, exaggeration of symptoms, and medication seeking were not previously considered in community studies. These variables may be more prevalent in correctional environments because offenders have more limited resources to help them cope with illness, because drug use and negative behavior such as deceit are more prevalent in prison populations, and/or because of society’s negative perception of offenders. The results of this study indicate that correctional nurses encounter a higher rate of “difficult” patients than
community nurses and that these patients are perceived as having more mental health problems, exhibiting a lack of truthfulness, exaggerating symptoms, drug seeking, and engaging in manipulation.

It is important to identify the unique factors of a “difficult” offender patient, as nurses without correctional experience may be unprepared to treat these patients. Additionally, nurses with a long history of working in a correctional environment may become burned-out by these patients. If health care provider-offender interactions are improved, we may see an overall improvement in health care for offenders, work environment and stress for health care providers, and reduction in money spent. More specifically, improved health care provider-offender interactions may lead to an increase in medication compliance, which may in turn improve offender health and reduce the number of unnecessary doctor appointments. A reduction in unnecessary appointments would also save states and federal systems money.

Statistics indicate that the cost of correctional health continues to increase and keeping these costs down is a significant concern. A review of state-wide correctional health care noted that health care costs had increased 10 percent every year from 1998 to 2000 (Kinsella, 2004). A survey of the Federal Bureau of Prisons shows that health care costs for fiscal year 2007 were 736 million dollars (United States Department of Justice, 2008). This survey noted that while the Federal Bureau of Prisons was able to keep health care costs down when compared to other national health care statistics, correctional health care costs remain a significant concern.

A more positive health care provider-offender relationship may also reduce potential health-care provider burn-out, which would improve health-care providers’ work efficiency, enthusiasm for the job, and possibly job retention. Interestingly, the results of this study show that correctional nurses expressed more negative feelings about coworkers and toward patients
than community nurses. However, correctional nurses reported no more stress or being no less satisfied with their jobs than community nurses.

Similarly, a study by Garland and McCarty (2009) found that health care providers working in the Federal Bureau of Prisons expressed favorable attitudes toward their jobs. Garland and McCarty also found that feeling effective in managing inmates, believing there is more flexibility and effectiveness in organization operations, and feeling positive about supervision were all strong predictors of job satisfaction. Results from the current study and Garland and McCarty support the importance of the health care provider-inmate relationship and the need for support in managing these relationships.

Although there were no specific hypotheses related to typical patients treated in either environment, the results showed that correctional nurses tended to rate the typical correctional patient more negatively than community nurses rated the typical community patient. This is consistent with correctional nurses’ responses indicating that they believe there is a more negative opinion of offenders in general as well as nurses’ responses showing a more personal, negative opinion of offenders.

These results may be an actual reflection of more negative behaviors and traits in offenders. These results may also be a reflection of society’s negative opinions of offenders. In other words, we as a society may automatically view offenders in a more negative light and expect that offenders would be more difficult to interact with than the general public. However, the typical offender patient may also be rated more negatively than the typical community patient because of working in an adversarial environment. Nurses working in a correctional setting not only serve as health care providers but also must ensure that offenders are following the rules of the correctional setting. This means that nurses would be expected to initiate disciplinary
consequences for offenders who do not follow rules. Although community nurses may
counter similar interactions, such as in patients abusing pain medications, one would expect
that these punitive interactions would occur less frequently than those in correctional
environments.

Demographic information about nurses, such as age, employment experience, and race,
were evaluated to determine if these variables were related to nurses’ perceptions of difficulty. Results indicated that age, type of nursing degree, total years of employment, and race were not related to perceptions of difficulty in either the community or correctional groups. Race could not be analyzed in the community sample as the racial group of both the nurses and patients were primarily Caucasian with very few other racial groups represented.

These results are consistent with studies by Hahn et al. (1994, 1996) and Jackson and Kroenke (1999) who did not find a relationship between physicians’ characteristics, such as gender, age, years of training, and type of training, and perceptions of patient difficulty. These results suggest that patient characteristics are more important in determining medical providers’ perceptions of difficulty as compared to broad demographic information about providers.

Nurses’ perceptions of job satisfaction, stress, attitudes toward patients, and feelings toward coworkers were also evaluated to determine if there was a difference between correctional and community nurses in these variables. These results showed that correctional nurses reported more negative general attitudes toward patients and more personal negative attitudes toward patients than their community counterparts. Results did not show a difference between nursing groups in reported job satisfaction, job or life stress, or feelings toward coworkers. While these results indicate that correctional nurses have more negative attitudes toward patients, it does not tell us if this is a consequence of working in a correctional
environment, working with correctional patients, or if nurses with more negative attitudes gravitate toward this environment. One would suspect that nurses develop a more negative attitude after working with correctional patients, given the many challenges associated with working in a correctional environment.

This study was based on prior community-based evaluations of patients identified by health care providers as being difficult. This study added variables not previously considered in the community studies in order to more thoroughly evaluate "difficult" patients in correctional environments. New items assessed drug seeking behavior, requests for medication, acute medical problems, nurses’ ability to diagnose and treat medical problems, exaggeration of symptoms, truthfulness of reported symptoms, frequency of request to see the physician, perceived mental health symptoms, patient anger and aggressiveness, patient’s worry about health, and patient’s belief when they are told nothing is wrong. Although the Hahn et al study looked at difficulty as a dichotomous variable, a multiple regression was used so that difficulty could be examined as a continuous variable. A multiple regression using a “difficulty” score as a continuous variable showed that perceived patient aggression was a good predictor of difficulty in correctional patients. Perceptions of truthfulness, how frequently a patient requested to see the doctor, and perceived mental health problems were good predictors of difficulty in community patients.

Results indicated that a factor analysis was not appropriate for the community data. Results were marginally appropriate for the correctional data and indicated that the new items may group into five factors when looking at difficult patients in correctional settings. The results of this analysis indicated that items measuring truthfulness and drug-seeking behavior loaded on the first factor and items measuring aggression/patient anger loaded on the second
factor. Only one item loaded exclusively on factors three through five. Additionally, results did not show that these new items for the community difficult patients were appropriate for a factor analysis. This may have been because of the small sample size. Comrey and Lee note that sample sizes of 100 or less are poor and that 300 cases are good sample sizes for factor analysis (Tabachnick & Fidell, 2007). Although this study had a small sample size, a PCA was completed to determine if additional factors indicating difficulty could be found, as research by Hahn et al. (1994) had found several factors indicative of difficulty.

The results of this study provide a basis to start identifying the types of behaviors and problems encountered by health care professionals in correctional settings. Although community studies can give a glimpse of what a general "difficult" patient looks like, the evidence from this study indicates that perceived difficult patients in correctional settings have some differences that are not typically encountered by community nurses. It is hoped that this study and future studies would be used to improve the quality of interactions between health care providers and offenders. Future studies may be able to develop strategies to help health care providers cope and manage interactions with offenders. Ultimately, it is hoped that this would improve both health care providers and offenders’ overall satisfaction with the health care process. By improving health care providers’ and offenders’ satisfaction with the health care process, we may be able to both improve offender health, reduce health care provider burn-out, and ultimately save money.

Although a number of significant results were found in this study, there are several limitations that must be considered. First, although the sample size for both the community and correctional participants was large enough for the primary analyses, it was relatively small for more sophisticated analyses. For example, a larger sample size may have resulted in a valid
factor analysis. Second, the primary care population was primarily from Indiana, whereas the correctional group came from multiple states in the Midwest. It would have been ideal for the samples to more closely match each other in regard to which state the participants were located. It is assumed that nurses from the Midwest will have similar experiences; however, there is no way to guarantee or measure this using the current methods. Additionally, the correctional nursing participants may not have been representative of the overall correctional nursing population. This sample which was obtained from the National Commission on Correctional Heath Care (NCCHC), may be considered a unique group as there were only an estimated 6000 nurses who were members at the time the sample was obtained (Infocus Marketing, 2007). The uniqueness of this sample may have contributed to the response rates in the correctional nursing sample. More specifically, nurses belonging to NCCHC may have been more likely to respond because they have a higher interest level in health care issues, as this organization is dedicated to improving health care services for offenders.

Another limitation of this study involved the procedures used to collect data. Past studies evaluating difficult patients in the community were able to assess patient variables directly by either reviewing files or having specific patients complete surveys. Unfortunately, it is difficult to obtain direct access to offender populations, and as a result, this study only focused on nurses’ perceptions. Future studies would benefit by evaluating patients identified as difficult to determine if these patients would meet criteria for a mental condition, be diagnosed with specific health problems, or demonstrate specific behaviors in order to provide additional validity to the items being measured.
References


Appendix A: Community Nursing Experience

Please provide us with the following information about yourself:

1. Sex:
   _____ Male
   _____ Female

2. Age: ____________

3. Race/ Ethnicity:
   _____ African American
   _____ Asian American
   _____ Caucasian
   _____ Latino
   _____ Native American
   _____ Other: ____________________________

4. License:
   _____ RN
   _____ LPN
   _____ Nurse Practitioner
   _____ Other: ____________________________

5. How long have you been employed in a primary care setting?
   ___________ Months   ___________ Years

6. How long have you been employed at your current job?
   ___________ Months   ___________ Years

7. How long have you been employed as a nurse?
   ___________ Months   ___________ Years
8. What type of patients do you **primarily** see? (please check only one)
   - [ ] Infants
   - [ ] Children
   - [ ] Adolescents
   - [ ] Young Adults
   - [ ] Adults
   - [ ] Elderly

9. What other types of patients do you work with? (check all that apply)
   - [ ] Infants
   - [ ] Children
   - [ ] Adolescents
   - [ ] Young Adults
   - [ ] Adults
   - [ ] Elderly

10. Have you worked in any other settings as a nurse besides a primary care setting?
    - [ ] Yes
    - [ ] No

    If so, where? Please indicate approximately how many months/years you worked in each location.
    - Hospital
      - [ ] ________ Months
      - ________ Years
    - Nursing Home
      - [ ] ________ Months
      - ________ Years
    - Prison
      - [ ] ________ Months
      - ________ Years
    - School
      - [ ] ________ Months
      - ________ Years
    - Other: ____________________
      - [ ] ________ Months
      - ________ Years

11. What attracted you to working in a primary care setting? Please rank the importance of each item when you **began working in a primary care setting** with 1 being most important and 7 being least important. Please use all numbers from 1 to 7 when ranking.
    - [ ] Working with patients
    - [ ] Money
    - [ ] Work experience
    - [ ] Hours/Schedule
    - [ ] Benefits
    - [ ] Improving the welfare/well-being of patients
    - [ ] Location
    - [ ] Other: _______________________________
12. Please rank how important each item is to you now for continuing to work in a primary care setting with 1 being most important and 6 being least important. Please use all numbers from 1 to 6 when ranking.

______ Working with patients
______ Money
______ Work experience
______ Hours/Schedule
______ Benefits
______ Improving the welfare/well-being of patients
______ Location
______ Other: ____________________________

13. Have you ever worked in a psychiatric unit or been through a psychiatric rotation?
   _____ Yes
   _____ No

   If so, approximately how long ago was this experience?
   ____________ Months  ____________ Years

   Overall, what was the length of time you spent working in a psychiatric setting?
   ____________ Months  ____________ Years

Please circle your responses to the following questions.

14. Overall, how satisfied are you with working in a primary care setting?

   1-------------------2------------------3------------------4------------------5------------------6
   Extremely Dissatisfied  Extremely Satisfied

15. Overall, how stressful is your job?

   1-------------------2------------------3------------------4------------------5------------------6
   Extremely Stressful  Extremely Relaxing

16. How stressed do you feel about life in general?

   1-------------------2------------------3------------------4------------------5------------------6
   Extremely Stressed  Extremely Relaxed

17. In general, how would you describe how you feel towards your coworkers?

   1-------------------2------------------3------------------4------------------5------------------6
   Very Negative Very Positive
18. What are the general attitudes about patients in your setting?

1-------------------2------------------3------------------4------------------5------------------6

Very Negative          Very Positive

19. What are YOUR general attitudes about patients?

1-------------------2------------------3------------------4------------------5------------------6

Very Negative          Very Positive
Please complete the following questions to the best of your ability. Thinking back to the past three days that you worked, please identify a patient that you treated who elicited feelings of discomfort or dislike in you.

1. What is the patient’s gender?
   - Male
   - Female

2. What is the patient’s estimated age? ________________

3. What is the patient’s race/ethnicity?
   - African American
   - Asian American
   - Caucasian
   - Latino
   - Native American
   - Other: ____________________________

4. What do you believe the patient’s level of education is?
   - Less than high school
   - High school
   - College

5. What do you believe the patient’s social class is?
   - Lower
   - Working
   - Middle
   - Upper

6. What was the patient’s personal hygiene like?
   - Excellent
   - Good
   - Fair
   - Poor

7. What type of problem did the patient seek medical attention for? (check all that apply)
   - Physical
   - Psychological
   - Other: ______________________________________

8. Was the problem acute or chronic? (circle one)

9. Please describe how you felt after interacting with the patient.

   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
10. Approximately how many times have you seen this patient prior to his/her most recent visit?
_________________________________

11. Do you anticipate seeing this patient again?
   _____ Yes
   _____ No

12. Do you anticipate seeing the patient for the same problem?
   _____ Yes
   _____ No

Please circle your responses to the following questions.

13. How difficult is this patient’s personality?
   1-------------------2------------------3------------------4------------------5------------------6
   Not difficult            Very difficult

14. How enthusiastic do you feel about caring for this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not enthusiastic        Very enthusiastic

15. How unreasonable were this patient’s expectations?
   1-------------------2------------------3------------------4------------------5------------------6
   Not unreasonable         Very unreasonable

16. To what extent does this patient have health related problems from drug or alcohol abuse?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all              A great deal

17. How frustrating do you find this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not frustrating         Very frustrating

18. How upbeat did you feel after seeing this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not upbeat              Very upbeat

19. How negative did you feel about the visit?
   1-------------------2------------------3------------------4------------------5------------------6
   Not negative at all     Very negative
20. To what extent are you frustrated by this patient’s vague complaints?
   1-------------------2------------------3------------------4------------------5------------------6
   Not frustrated                 Very frustrated

21. How demanding was this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not demanding                  Very demanding

22. How time consuming is caring for this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not time consuming             Very time consuming

23. How draining is this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not draining                   Very draining

24. Do you find yourself secretly hoping that this patient will not return?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all                     A great deal

25. How manipulative is this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not manipulative               Very manipulative

26. How tense did you feel when you were caring for this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not tense                     Very tense

27. Overall, how enjoyable is caring for this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not enjoyable                  Very enjoyable

28. Does this patient understand your explanations of medical information?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all                     A great deal

29. How much are you looking forward to this patient’s next visit after seeing this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all                     A great deal

30. How pleased are you with your working relationship with this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not pleased at all              Very pleased
31. How seductive is this patient?

1-------------------2------------------3------------------4------------------5------------------6
Not seductive              Very seductive

32. How at ease did you feel when you were with this patient?

1-------------------2------------------3------------------4------------------5------------------6
Not at all                  A great deal

33. How hopeless do you feel about helping this patient?

1-------------------2------------------3------------------4------------------5------------------6
Not hopeless              Very hopeless

34. Does this patient overreact to symptoms or problems?

1-------------------2------------------3------------------4------------------5------------------6
Not at all                  A great deal

35. How much would you like to transfer this patient to another primary provider?

1-------------------2------------------3------------------4------------------5------------------6
Not at all                  A great deal

36. How angry did you feel while seeing this patient?

1-------------------2------------------3------------------4------------------5------------------6
Not angry                  Very angry

37. Overall, how positive do you feel about caring for this patient?

1-------------------2------------------3------------------4------------------5------------------6
Not positive at all                 Very positive

38. How compliant is this patient with treatment?

1-------------------2------------------3------------------4------------------5------------------6
Not compliant              Very compliant

39. To what extent does this patient neglect health related self-care (e.g. diet, hygiene)?

1-------------------2------------------3------------------4------------------5------------------6
Not at all                  A great deal

40. Does this patient present with minor problems?

1-------------------2------------------3------------------4------------------5------------------6
Not at all                  A great deal

41. How difficult is it to communicate with this patient?

1-------------------2------------------3------------------4------------------5------------------6
Not difficult              Very difficult
42. How self-destructive is this patient?

1-------------------2------------------3------------------4------------------5------------------6
Not self-destructive                               Very self-destructive

43. To what extent do you believe this patient is drug-seeking?

1-------------------2------------------3------------------4------------------5------------------6
Not at all                  A great deal

44. How reasonable were the patient’s request for medication?

1-------------------2------------------3------------------4------------------5------------------6
Not reasonable                 Very reasonable

45. To what extent are the patient’s medical problems acute problems?

1-------------------2------------------3------------------4------------------5------------------6
Not acute                  Very acute

46. How easily were you able to diagnose the patient’s medical problem?

1-------------------2------------------3------------------4------------------5------------------6
Not easy                  Very easy

47. How easily were you able to treat the patient’s medical complaints?

1-------------------2------------------3------------------4------------------5------------------6
Not easy                  Very easy

48. To what extent was the patient exaggerating his/her medical symptoms?

1-------------------2------------------3------------------4------------------5------------------6
Not at all                  A great deal

49. To what extent was the patient truthful about his/her medical symptoms?

1-------------------2------------------3------------------4------------------5------------------6
Not truthful                 Very truthful

50. How frequently does this patient request to see the physician?

1-------------------2------------------3------------------4------------------5------------------6
Not frequently                 Very frequently

51. Did this patient appear to have any mental health problems or psychological disorders (e.g. depression, anxiety, psychosis)?

1-------------------2------------------3------------------4------------------5------------------6
Not at all                  A great deal

52. To what extent is this patient angry?

1-------------------2------------------3------------------4------------------5------------------6
Not angry                 Very angry
53. To what extent did this patient act aggressive?

1-------------------2------------------3------------------4------------------5------------------6
Not aggressive                 Very aggressive

54. To what extent does this patient worry about his/her health?

1-------------------2------------------3------------------4------------------5------------------6
Not at all                  A great deal

55. Does the patient believe you or the doctor when he/she is told nothing is wrong?

1-------------------2------------------3------------------4------------------5------------------6
Not at all                  A great deal
Please think back to the typical patient you encounter in your primary care setting and answer the questions accordingly.

1. What is the patient’s gender?
   ____ Male
   ____ Female

2. What is the patient’s estimated age? _________________

3. What is the patient’s race/ethnicity?
   ____ African American
   ____ Asian American
   ____ Caucasian
   ____ Latino
   ____ Native American
   ____ Other: ____________________________

4. What do you believe the patient’s level of education is?
   ____ Less than high school
   ____ High school
   ____ College

5. What do you believe the patient’s social class is?
   ____ Lower
   ____ Working
   ____ Middle
   ____ Upper

6. What was the patient’s personal hygiene like?
   ____ Excellent
   ____ Good
   ____ Fair
   ____ Poor

7. What type of problem did the patient seek medical attention for?
   ____ Physical
   ____ Psychological
   ____ Other: ____________________________

8. Was the problem **acute** or **chronic**? *(circle one)*

9. How did you feel after interacting with the patient?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
10. Approximately how many times have you seen this patient prior to his/her most recent visit?
_________________________________

11. Do you anticipate seeing this patient again?
    _____ Yes
    _____ No

12. Do you anticipate seeing the patient for the same problem?
    _____ Yes
    _____ No

Please circle your responses to the following questions.

13. How difficult is this patient’s personality?
    1-------------------2------------------3------------------4------------------5------------------6
    Not difficult          Very difficult

14. How enthusiastic do you feel about caring for this patient?
    1-------------------2------------------3------------------4------------------5------------------6
    Not enthusiastic          Very enthusiastic

15. How unreasonable were this patient’s expectations?
    1-------------------2------------------3------------------4------------------5------------------6
    Not unreasonable          Very unreasonable

16. To what extent does this patient have health related problems from drug or alcohol abuse?
    1-------------------2------------------3------------------4------------------5------------------6
    Not at all          A great deal

17. How frustrating do you find this patient?
    1-------------------2------------------3------------------4------------------5------------------6
    Not frustrating          Very frustrating

18. How upbeat did you feel after seeing this patient?
    1-------------------2------------------3------------------4------------------5------------------6
    Not upbeat          Very upbeat

19. How negative did you feel about the visit?
    1-------------------2------------------3------------------4------------------5------------------6
    Not negative at all          Very negative
20. To what extent are you frustrated by this patient’s vague complaints?
   1-------------------2------------------3------------------4------------------5------------------6
   Not frustrated                  Very frustrated

21. How demanding was this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not demanding                  Very demanding

22. How time consuming is caring for this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not time consuming               Very time consuming

23. How draining is this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not draining                  Very draining

24. Do you find yourself secretly hoping that this patient will not return?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all                  A great deal

25. How manipulative is this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not manipulative                          Very manipulative

26. How tense did you feel when you were caring for this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not tense               Very tense

27. Overall, how enjoyable is caring for this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not enjoyable                   Very enjoyable

28. Does this patient understand your explanations of medical information?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all                  A great deal

29. How much are you looking forward to this patient’s next visit after seeing this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all                  A great deal

30. How pleased are you with your working relationship with this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not pleased at all                 Very pleased
31. How seductive is this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not seductive              Very seductive

32. How at ease did you feel when you were with this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all              A great deal

33. How hopeless do you feel about helping this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not hopeless              Very hopeless

34. Does this patient overreact to symptoms or problems?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all              A great deal

35. How much would you like to transfer this patient to another primary provider?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all              A great deal

36. How angry did you feel while seeing this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not angry              Very angry

37. Overall, how positive do you feel about caring for this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not positive at all              Very positive

38. How compliant is this patient with treatment?
   1-------------------2------------------3------------------4------------------5------------------6
   Not compliant              Very compliant

39. To what extent does this patient neglect health related self-care (e.g. diet, hygiene)?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all              A great deal

40. Does this patient present with minor problems?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all              A great deal

41. How difficult is it to communicate with this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not difficult              Very difficult
42. How self-destructive is this patient?
1-------------------2------------------3------------------4------------------5------------------6
Not self-destructive                                            Very self-destructive

43. To what extent do you believe this patient is drug-seeking?
1-------------------2------------------3------------------4------------------5------------------6
Not at all                                                        A great deal

44. How reasonable were the patient’s request for medication?
1-------------------2------------------3------------------4------------------5------------------6
Not reasonable                                          Very reasonable

45. To what extent are the patient’s medical problems acute problems?
1-------------------2------------------3------------------4------------------5------------------6
Not acute                                                        Very acute

46. How easily were you able to diagnose the patient’s medical problem?
1-------------------2------------------3------------------4------------------5------------------6
Not easy                                                        Very easy

47. How easily were you able to treat the patient’s medical complaints?
1-------------------2------------------3------------------4------------------5------------------6
Not easy                                                        Very easy

48. To what extent was the patient exaggerating his/her medical symptoms?
1-------------------2------------------3------------------4------------------5------------------6
Not at all                                                        A great deal

49. To what extent was the patient truthful about his/her medical symptoms?
1-------------------2------------------3------------------4------------------5------------------6
Not truthful                                          Very truthful

50. How frequently does this patient request to see the physician?
1-------------------2------------------3------------------4------------------5------------------6
Not frequently                                        Very frequently

51. Did this patient appear to have any mental health problems or psychological disorders (e.g. depression, anxiety, psychosis)?
1-------------------2------------------3------------------4------------------5------------------6
Not at all                                                        A great deal
52. To what extent is this patient angry?
   1-------------------2------------------3------------------4------------------5------------------6
   Not angry                  Very angry

53. To what extent did this patient act aggressive?
   1-------------------2------------------3------------------4------------------5------------------6
   Not aggressive                 Very aggressive

54. To what extent does this patient worry about his/her health?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all                  A great deal

55. Does the patient believe you or the doctor when he/she is told nothing is wrong?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all                  A great deal
Many health care providers encounter patients that are difficult for them to work with. Describe that average “difficult” patient you encounter in primary care setting.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

What percentage of patients in primary care setting that you work with would you estimate are difficult to work with?

_____ 1 – 25%

_____ 26 – 50%

_____ 51 – 75%

_____ 76 – 100%
Appendix B: Correctional Nursing Experience

Please provide us with the following information about yourself:

1. Sex:
   _____ Male
   _____ Female

2. Age: ____________

3. Race/ Ethnicity:
   _____ African American
   _____ Asian American
   _____ Caucasian
   _____ Latino
   _____ Native American
   _____ Other: ____________________________

4. License:
   _____ RN
   _____ LPN
   _____ Nurse Practitioner
   _____ Other: ____________________________

5. How long have you been employed in a correctional setting?
   ___________ Months   ___________ Years

6. How long have you been employed at your current job?
   ___________ Months   ___________ Years

7. How long have you been employed as a nurse?
   ___________ Months   ___________ Years
8. In what security level do you primarily work?
   _____ Minimum
   _____ Low Medium
   _____ High Medium
   _____ Maximum
   _____ Reception Center

9. Have you worked in any other levels?
   _____ Yes
   _____ No

   If so, what levels (check all that apply)?
   _____ Minimum
   _____ Low Medium
   _____ High Medium
   _____ Maximum
   _____ Reception Center

10. What is your primary work setting in the prison?
    _____ Dorm/Housing Units
    _____ Medical clinic
    _____ Segregation
    _____ Other ______________________________

11. Where do you work in the prison (check all that apply)
    _____ Dorm/Housing Units
    _____ Medical clinic
    _____ Segregation
    _____ Other: ____________________________

12. Have you worked in any other settings as a nurse besides a correctional facility?
    _____ Yes
    _____ No

    If so, where? Please indicate approximately how many months/years you worked in each location.
    Family clinic  _________ Months  _________ Years
    Hospital  _________ Months  _________ Years
    Nursing home  _________ Months  _________ Years
    School  _________ Months  _________ Years
    Other: ____________________________  _________ Months  _________ Years
13. What originally attracted you to working in a correctional setting? **Please rank the importance of each item when you began working in a correctional setting** with 1 being most important and 7 being least important. Please use all numbers from 1 to 7 when ranking.

- [ ] Working with offenders
- [ ] Money
- [ ] Work experience
- [ ] Hours/Schedule
- [ ] Benefits
- [ ] Improving the welfare/well-being of patients
- [ ] Location
- [ ] Other: ____________________________

14. **Please rank how important each item is to you now** for continuing to work in a correctional setting with 1 being most important and 7 being least important. Please use all numbers from 1 to 7 when ranking.

- [ ] Working with offenders
- [ ] Money
- [ ] Work experience
- [ ] Hours/Schedule
- [ ] Benefits
- [ ] Improving the welfare/well-being of patients
- [ ] Location
- [ ] Other: ____________________________

15. Have you ever worked in a psychiatric unit or been through a psychiatric rotation?

- [ ] Yes
- [ ] No

16. If so, approximately how long ago was this experience?

- [ ] ________ Months  ________ Years

17. Overall, what was the approximate length of time you spent working in a psychiatric setting?

- [ ] ________ Months  ________ Years

**Please circle your responses to the following questions.**

16. **Overall, how satisfied are you with working in a prison environment?**

- [ ] 1-------------------2------------------3------------------4------------------5------------------6

   - Extremely Dissatisfied
   - Extremely Satisfied
17. Overall, how stressful is your job?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Extremely Stressful Extremely Relaxing

18. How stressed do you feel about life in general?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Extremely Stressed Extremely Relaxed

19. In general, how would you describe how you feel towards your coworkers?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Very Positive Very Negative

20. What are the general attitudes about offenders in your setting?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Very Positive Very Negative

21. What are YOUR general attitudes about offenders?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Very Positive Very Negative
Please complete the following questions to the best of your ability. Thinking back to the past three days that you worked, please identify an offender that you treated that elicited feelings of discomfort or dislike in you.

1. What is the patient’s gender:
   ____ Male
   ____ Female

2. What is the patient’s estimated age: _________________

3. What is the patient’s race/ethnicity:
   ____ African American
   ____ Asian American
   ____ Caucasian
   ____ Latino
   ____ Native American
   ____ Other: ____________________________

4. What do you believe the patient’s level of education is?
   ____ Less than high school
   ____ High school
   ____ College

5. What do you believe the patient’s social class is?
   ____ Lower
   ____ Working
   ____ Middle
   ____ Upper

6. What was the patient’s personal hygiene like:
   ____ Excellent
   ____ Good
   ____ Fair
   ____ Poor

7. What type of problem did the patient seek medical attention for (check all that apply)
   ____ Physical
   ____ Psychological
   ____ Other: ____________________________

8. Was the primary problem acute or chronic (circle one)?

9. Where did this patient encounter occur?
   ____ Dorm/Housing Units
   ____ Medical clinic
   ____ Segregation
   ____ Other: ____________________________
10. Please describe how did you felt after interacting with the patient?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

11. Approximately how many times have you seen this patient prior to his/her most recent visit?

______________________________________________________________________________

12. Do you anticipate seeing this patient again?
   _____ Yes
   _____ No

13. Do you anticipate seeing the patient for the same problem?
   _____ Yes
   _____ No

Please circle your responses to the following questions.

14. How difficult is this patient’s personality?
   1-------------------2------------------3------------------4------------------5------------------6
   Not difficult                  Very difficult

15. How enthusiastic do you feel about caring for this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not enthusiastic                 Very enthusiastic

16. How unreasonable were this patient’s expectations?
   1-------------------2------------------3------------------4------------------5------------------6
   Not unreasonable          Very unreasonable
   at all                   at all

17. To what extent does this patient have health related problems from drug or alcohol abuse?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all                  A great deal

18. How frustrating do you find this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not frustrating           Very frustrating

19. How upbeat did you feel after seeing this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not upbeat          Very upbeat
20. How negative did you feel about the visit?
1-------------------2------------------3------------------4------------------5------------------6
Not negative at all                              Very negative

21. To what extent are you frustrated by this patient’s vague complaints?
1-------------------2------------------3------------------4------------------5------------------6
Not frustrated                              Very frustrated

22. How demanding was this patient?
1-------------------2------------------3------------------4------------------5------------------6
Not demanding                              Very demanding

23. How time consuming is caring for this patient?
1-------------------2------------------3------------------4------------------5------------------6
Not time consuming                              Very time consuming

24. How draining is this patient?
1-------------------2------------------3------------------4------------------5------------------6
Not draining                              Very draining

25. Do you find yourself secretly hoping that this patient will not return?
1-------------------2------------------3------------------4------------------5------------------6
Not at all                              A great deal

26. How manipulative is this patient?
1-------------------2------------------3------------------4------------------5------------------6
Not manipulative                              Very manipulative

27. How tense did you feel when you were caring for this patient?
1-------------------2------------------3------------------4------------------5------------------6
Not tense                              Very tense

28. Overall, how enjoyable is caring for this patient?
1-------------------2------------------3------------------4------------------5------------------6
Not enjoyable                              Very enjoyable

29. Does this patient understand your explanations of medical information?
1-------------------2------------------3------------------4------------------5------------------6
Not at all                              A great deal

30. How much are you looking forward to this patient’s next visit after seeing this patient?
1-------------------2------------------3------------------4------------------5------------------6
Not at all                              A great deal
31. How pleased are you with your working relationship with this patient?
1-------------------2------------------3------------------4------------------5------------------6
Not pleased at all                 Very pleased

32. How seductive is this patient?
1-------------------2------------------3------------------4------------------5------------------6
Not seductive              Very seductive

33. How at ease did you feel when you were with this patient?
1-------------------2------------------3------------------4------------------5------------------6
Not at all                  A great deal

34. How hopeless do you feel about helping this patient?
1-------------------2------------------3------------------4------------------5------------------6
Not hopeless              Very hopeless

35. Does this patient overreact to symptoms or problems?
1-------------------2------------------3------------------4------------------5------------------6
Not at all                  A great deal

36. How much would you like to transfer this patient to another primary provider?
1-------------------2------------------3------------------4------------------5------------------6
Not at all                  A great deal

37. How angry did you feel while seeing this patient?
1-------------------2------------------3------------------4------------------5------------------6
Not angry                  Very angry

38. Overall, how positive do you feel about caring for this patient?
1-------------------2------------------3------------------4------------------5------------------6
Not positive at all                 Very positive

39. How compliant is this patient with treatment?
1-------------------2------------------3------------------4------------------5------------------6
Not compliant                 Very compliant

40. To what extent does this patient neglect health related self-care (e.g. diet, hygiene)?
1-------------------2------------------3------------------4------------------5------------------6
Not at all                  A great deal

41. Does this patient present with minor problems?
1-------------------2------------------3------------------4------------------5------------------6
Not at all                  A great deal
42. How difficult is it to communicate with this patient?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not difficult                 Very difficult

43. How self-destructive is this patient?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not self-destructive                 Very self-destructive

44. To what extent do you believe this patient is drug-seeking?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not at all                 A great deal

45. How reasonable were the patient’s request for medication?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not reasonable                 Very reasonable

46. To what extent are the patient’s medical problems acute problems?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not acute                 Very acute

47. How easily were you able to diagnose the patient’s medical problem?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not easy                 Very easy

48. How easily were you able to treat the patient’s medical complaints?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not easy                 Very easy

49. To what extent was the patient exaggerating his/her medical symptoms?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not at all                 A great deal

50. To what extent was the patient truthful about his/her medical symptoms?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not truthful                 Very truthful

51. How frequently does this patient request to see the physician?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not frequently                 Very frequently
52. Did this patient appear to have any mental health problems or psychological disorders (e.g. depression, anxiety, psychosis)?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all                  A great deal

53. To what extent is this patient angry?
   1-------------------2------------------3------------------4------------------5------------------6
   Not angry                  Very angry

54. To what extent did this patient act aggressive?
   1-------------------2------------------3------------------4------------------5------------------6
   Not aggressive                 Very aggressive

55. To what extent does this patient worry about his/her health?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all                  A great deal

56. Does the patient believe you or the doctor when he/she is told nothing is wrong?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all                  A great deal
Please think about the typical offender you encounter in your correctional setting and answer the questions accordingly.

1. What is the patient’s gender:
   _____ Male
   _____ Female

2. What is the patient’s estimated age: ______________________

3. What is the patient’s race/ethnicity:
   _____ African American
   _____ Asian American
   _____ Caucasian
   _____ Latino
   _____ Native American
   _____ Other: ____________________________

4. What do you believe the patient’s level of education is?
   _____ Less than high school
   _____ High school
   _____ College

5. What do you believe the patient’s social class is?
   _____ Lower
   _____ Working
   _____ Middle
   _____ Upper

6. What was the patient’s personal hygiene like:
   _____ Excellent
   _____ Good
   _____ Fair
   _____ Poor

7. What type of problem did the patient seek medical attention for (check all that apply)
   _____ Physical
   _____ Psychological
   _____ Other: ____________________________

8. Was the problem primarily acute or chronic (circle one)?

9. Where did this patient encounter occur?
   _____ Dorm/Housing Units
   _____ Medical clinic
   _____ Segregation
   _____ Other: ____________________________
10. How did you feel after interacting with the patient?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

11. Approximately how many times have you seen this patient prior to his/her most recent visit?

______________________________________________________________________________

12. Do you anticipate seeing this patient again?
   _____ Yes
   _____ No

13. Do you anticipate seeing the patient for the same problem?
   _____ Yes
   _____ No

Please circle your responses to the following questions.

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   1-------------------2------------------3------------------4------------------5------------------6
   Not difficult                  Very difficult

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   1-------------------2------------------3------------------4------------------5------------------6
   Not enthusiastic                 Very enthusiastic

16. How unreasonable were this patient’s expectations?
   1-------------------2------------------3------------------4------------------5------------------6
   Not unreasonable          Very
   at all            unreasonable

17. To what extent does this patient have health related problems from drug or alcohol abuse?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all                  A great deal

18. How frustrating do you find this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not frustrating           Very frustrating

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Not demanding                  Very demanding

23. How time consuming is caring for this patient?
1-------------------2------------------3------------------4------------------5------------------6
Not time                        Very time consuming

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Not draining                  Very draining

25. Do you find yourself secretly hoping that this patient will not return?
1-------------------2------------------3------------------4------------------5------------------6
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Not enjoyable                   Very enjoyable

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1-------------------2------------------3------------------4------------------5------------------6
Not at all                  A great deal
31. How pleased are you with your working relationship with this patient?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not pleased at all                                             Very pleased

32. How seductive is this patient?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not seductive                                                Very seductive

33. How at ease did you feel when you were with this patient?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not at all                                                   A great deal

34. How hopeless do you feel about helping this patient?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not hopeless                                                 Very hopeless

35. Does this patient overreact to symptoms or problems?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not at all                                                   A great deal

36. How much would you like to transfer this patient to another primary provider?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not at all                                                   A great deal

37. How angry did you feel while seeing this patient?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not angry                                                    Very angry

38. Overall, how positive do you feel about caring for this patient?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not positive at all                                           Very positive

39. How compliant is this patient with treatment?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not compliant                                                Very compliant

40. To what extent does this patient neglect health related self-care (e.g. diet, hygiene)?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not at all                                                   A great deal

41. Does this patient present with minor problems?
   1-------------------2-------------------3-------------------4-------------------5-------------------6
   Not at all                                                   A great deal
42. How difficult is it to communicate with this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not difficult                 Very difficult

43. How self-destructive is this patient?
   1-------------------2------------------3------------------4------------------5------------------6
   Not self-destructive                                 Very self-destructive

44. To what extent do you believe this patient is drug-seeking?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all                  A great deal

45. How reasonable were the patient’s request for medication?
   1-------------------2------------------3------------------4------------------5------------------6
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47. How easily were you able to diagnose the patient’s medical problem?
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   1-------------------2------------------3------------------4------------------5------------------6
   Not at all                  A great deal

50. To what extent was the patient truthful about his/her medical symptoms?
   1-------------------2------------------3------------------4------------------5------------------6
   Not truthful                 Very truthful

51. How frequently does this patient request to see the physician?
   1-------------------2------------------3------------------4------------------5------------------6
   Not frequently                 Very frequently

52. Did this patient appear to have any mental health problems or psychological disorders (e.g. depression, anxiety, psychosis)?
   1-------------------2------------------3------------------4------------------5------------------6
   Not at all                  A great deal
53. To what extent is this patient angry?

<table>
<thead>
<tr>
<th>Scale</th>
<th>Not angry</th>
<th>Very angry</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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54. To what extent did this patient act aggressive?

<table>
<thead>
<tr>
<th>Scale</th>
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<td>1</td>
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55. To what extent does this patient worry about his/her health?

<table>
<thead>
<tr>
<th>Scale</th>
<th>Not at all</th>
<th>A great deal</th>
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56. Does the patient believe you or the doctor when he/she is told nothing is wrong?

<table>
<thead>
<tr>
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<th>Not at all</th>
<th>A great deal</th>
</tr>
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</table>
Many health care providers encounter patients that are difficult for them to work with. Describe that average “difficult” patient you encounter in prison.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What percentage of patients in prison that you work with would you estimate are difficult to work with?

_____ 1 – 25%
_____ 26 – 50%
_____ 51 – 75%
_____ 76 – 100%
Appendix C: Informed Consent

Dear Nurse,

I am conducting a study on nurses’ experiences with patients in a variety of settings. I hope to use the information collected in this study to improve nurse–patient interactions for both nurses and patients. This project is being carried out by Emily Kistler, MS who is under the advisement of Jennifer Boothby, PhD as part of the requirements for the completion of the graduate program in Clinical Psychology at Indiana State University. Please read on to find out more about the study.

Participation in this study is completely voluntary. We are asking that you complete the questionnaire that is included in this packet. This questionnaire will ask you to provide basic information about yourself as well as rate your experiences and perceptions of patients that you have recently encountered. You may skip any question that you do not feel comfortable answering. Completing this survey will take approximately 15 to 20 minutes.

In addition to being voluntary, no personal identification is required on the questionnaires. Please do not include your name on the materials and feel free to omit any demographic questions that you feel may make you identifiable. This ensures that your responses to the survey will be completely anonymous.

I realize that you are very busy and it may be difficult for you to find 15 to 20 minutes to participate in this study. However, I encourage your participation because I am excited about the opportunity for us to learn more about nurse-patient interactions. Other than small time commitment, there are no costs associated with participating.

If you choose to participate, please complete the enclosed questionnaire and return it in the postage-paid envelope provided. Keep this introductory letter for your personal records. As a participant, it is your right to receive results of the study. If you would like to receive a summary of the findings or have any questions or concerns, you may contact the principle investigator, Emily Kistler, MS at ekistler@alumni.indstate.edu or Dr. Jennifer Boothby, the faculty advisor at jboothby@indstate.edu.

If you have any questions about your rights as a research subject of if you feel you have been placed at risk, you may contact the ISU IRB by mail at 114 Erickson Hall, Terre Haute, IN 47809, by phone at (812) 237-8217, or by email at irb@indstate.edu.

Thank you very much for your time and consideration of this study!

Sincerely,

Emily Kistler, MS
Doctoral Candidate
Indiana State University