

## Addressing Uncivil Conversations and Aggressive Behaviors

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### Objectives

- Describe bullying, incivility and aggressive behaviors
- Identify uncivil conversations and aggressive behaviors
- Discuss innovative strategies for dealing with uncivil peers and aggressive or hostile patients, visitors, and healthcare workers

### Uncivil Conversations & Aggressive Behaviors

Two Part Presentation:

Incivility among medical care providers

Verbal and physical aggression of patients & family members towards health care providers

### Disruptive Behavior Consequences

Increased frequency of medical errors

Lower quality of care

Poor teamwork culture

Compromised safety environment

Higher rates of depression

Increased employee discontent & burnout

### Causes of Workplace Aggressive Behaviors

- Growing patient populations (many uninsured) requiring time-consuming completion of paperwork.
- Squeezing of those populations into fewer hospitals.
- Longer wait times for care resulting in elevated level of tension.
- Insufficient Family Medicine Providers to serve populations.

### Contributing Factors

**Major risk factor (OSHA, 2018) - unstable or volatile coworkers**

**Other Factors:**

- Physical illnesses triggering altered mental status
- Mental illnesses including dementia
- Substance abuse and misuse
- Distress and frustration due to perceived lack of control
- Work culture which tolerates disruptive behavior
- Bullying

### A Real Problem?

- **Violence in the Medical Setting**
- U.S. Occupational Safety and Health Administration (OSHA) reports **2 million** victims of workplace violence annually
  - Major risk factor - unstable or volatile coworkers
- The Bureau of Labor Statistics estimated higher rate of workplace violence for health care workers than workers in other industries between 1993 and 2009.
- ENA (2011) found nearly one in ten ED nurses suffered a form of physical violence within seven-day period.

### Healthcare workers face significant risks of job-related violence



### Increasing Frustration



### Incivility Among Healthcare Providers

### INCIVILITY

- Rude or disruptive behaviors which often result in psychological or physiological distress for people involved- and if left unaddressed, may progress to threatening situations, temporary or permanent injury, or illness.

Typically, incivility is a **one-on-one experience** and perceived to be **less threatening than bullying** or mobbing behavior.



### Is Incivility A Real problem?

- Victims of bullies are more likely to experience low self-esteem, isolation, experience physical symptoms, and/or mental health issues (CDC).
- Incivility & bullying increasing in workplace & university setting
- Occurs between manager and employee or employee to employee
- Bullying impacts witnesses as well as targets.
- Anyone can bully; anyone can be bullied.

- Begins with low risk or disruptive behaviors.
- Progresses to high risk or threatening behaviors.
- ❖ All can lead to hostility & violence



Clark's Continuum of Incivility

### What About The Bully?



### Bullying

- Bullying - a situation that occurs over a period where individuals perceive to experience negative actions and behaviors from others (Rodwell & Demir, 2012).
- Bullying involves intentional, repeated psychological violence & humiliation, isolating a staff member from colleagues (Wilson, 2016).

### Aggressive Behaviors

- Low-intensity, deviant behavior with ambiguous intent to harm the target
- Rude and discourteous behaviors
- Lack of regard for others

### Incivility Recognition

- Nonverbal innuendo
- Undermining activities
- Verbal affront
- Withhold information
- Sabotage
- Back stabbing
- Failure to respect privacy
- Broken confidence

-Griffin & Clark, 2014



### Six Essential Bullying Basics

- Bullying is a behavior
- Bullying behavior is destructive to individuals, organizations & patients
- It undermines teamwork, communication & culture of safety
- Addressing bullying is everyone's responsibility
- Addressing & eliminating bullying behavior is a skill that can be developed
- Eliminating bullying behavior relies on organizational commitment & employee involvement

**WORKPLACE MOBING**

- \*Employees or students 'gang up' on target individual & subject individual to psychological harassment
- \*Potential for severe psychological & occupational consequences
- \*Type of bullying in which more than one person commits egregious acts to control, harm, & eliminate targeted individual (Griffin & Clark, 2014).

**Uncivil Behavior**

**King's College Hospital & National Health Services (2015) Survey**

- ❖ 606 physician responders
- ❖ 31% admit exposure to rude, dismissive, or aggressive communication > 1 time/week
- ❖ 40% feel it adversely affected work day

**Vulnerability**

- Vulnerable
- Stressed
- Unhappy
- Rushed



**Impact**

- Decline in performance.
- Feelings of self-doubt, low self-esteem.
- Unfavorable perception of work environment.
- Greater intent to leave job.
- Deterioration of morale.
- Anxiety, helplessness, dejection and emotional pain.



**How to Respond??**



**Respectful conversations**

**Step 1: Plan for the conversation**

- Validate facts
- Determine focus of conversation
- Create environment conducive to effective communication
- Adequate time / prevent interruptions
- Decide who should participate in discussion



### Respectful Conversations

#### Step 2: Check Perception

- Start conversation with brief opening regarding reason for meeting
- Ask other person to describe his/her perception of the event.

### Respectful Conversations

#### Step 3: Deliver the Message

- *Situation*: Repeat the situation and provide more detail
- *Background*: Provide background to the situation that puts the situation into perspective
- *Impact*: Describe impact of situation on building & sustaining human capital & impairing patient outcomes

### Respectful Conversations

#### Step 4: Empathize

- Provide a gracious space with good intentions & respect throughout the conversation
- Be comfortable with pauses / silence & listen attentively
- Be sensitive & straightforward
- Put yourself in the other person's shoes

### Respectful Conversations

#### Step 5: Summarize & Follow-up

- Review the highlights of the conversation
- Check for understanding
- Determine what is to follow before the meeting & review the plan
  - Restorative justice
  - Administrative action
- Arrange for follow-up



### Aggressive Behaviors



## Aggression



## Aggression

Aggression is defined as “behaviour that results in personal injury or destruction of property and which may take the form of psychological devaluation and degradation as well as physical harm” (Bandura, 1976).

## Aggressive Behaviors

Aggression can range from minor verbal expressions of frustration to acts of physical injury or even homicide (Ford, 2010; Gillespie, 2010).

## Aggression & Hostility

- Aggression can take form of verbal aggression, physical aggression against objects, or physical aggression.
- Aggression towards oneself (self-mutilation, suicidal gestures or acts).
- Hostility can refer to aggression, irritability, suspicion, uncooperativeness, or jealousy. (Citrome, et al., 2017)

## Escalating Workplace Violence Toward Providers

- Health care workers are exposed to violent outbursts- daily if in ED (Mihaljevic, 2019).
- **95% of healthcare workers** report being exposed to some form of patient aggression; **50% from patient advocates**; **40% from co-workers or supervisors** in 6 to 24-month period (Alameddine 2015; Cumerio 2008; Di Martino 2003; Hills 2013; Hills 2015; Marez 2006; Nowrouzi 2016; Spector 2014).
- Up to **29%** of healthcare workers have been victim of **physical aggression** from patients, and **21.1%** from patient advocates.

## Workplace Violence



- The National Institute for Occupational Safety and Health (2013) defines workplace violence as “violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.”
- According to the Bureau of Labor Statistics (BLS), **27 out of the 100 fatalities** in healthcare and social service settings that occurred in 2013 were due to assaults and violent acts.

## Assault

The highest number of type II assaults in U.S. workplaces yearly are directed against health care workers (FBI, 2014).

Lacking high-quality research with consistent instrument; existing training does not appear to reduce workplace violence rates (Phillips, 2018).

Outpatient practice workplace violence is complex problem about which little is known.

Nurses and aides- victimized at highest rates due to higher patient exposure, especially in ED setting.

Providers are sometimes uncertain what constitutes workplace violence.

## Violent Actions

- Between 2000 and 2011, there were 154 shootings with injury either inside or on the grounds of American hospitals.
- Johns Hopkins (2017) study indicates ED as most common site of hospital gun violence (29%), next in parking lot (23%) and patients' rooms (19%).
- Brown University (2017) found of 241 of hospital shooting incidents from 2000 to 2015, most hospital shootings took place at facilities located in South (105 shootings), followed by Midwest (56), West (42) and the Northeast (38).

## Be Aware

We provide care in highly stressful environments & care for individuals who are in a physiological or psychological crisis (Thomas, et al. 2017)



## Long -Term Effects of Workplace Aggression / Violence

- Increased rates of missed workdays
- Burnout
- Job dissatisfaction
- Decreased productivity
- Overall diminished feelings of safety among staff members

## Causes of Aggressive Behavior

- Illness (mental or physical) & pain.
- Prior poor experience.
- Alcohol/substance misuse.
- Fear, anxiety or distress.
- Communication or language difficulties.
- Unrealistic expectations & frustration.
- Guilt over not seeking medical care sooner for sick relative/friend.

## High-risk Situations

Saturday night in the Emergency Department  
Delivering bad news  
Extended wait time for patients  
Providers working alone in clinic

### Recognize Aggressive Patient/Visitor

- Behaving in demanding or controlling manner
- Exhibiting unwillingness to listen/lack of cooperation
- Expressing verbal abuse or threats
- Initiating physical violence against people or property.



### Recognize Aggressive Patient/Visitor

Per Joint Commission (2019)

- STAMP (Staring, Tone and volume of voice, Anxiety, Mumbling, and Pacing) is a validated tool for use in the ED (Calow, et al, 2016).
- Overt Aggression Scale (OAS) is a reliable tool for use in the inpatient setting for children and adults (Brazman, et al., 2011).
- Brief Rating of Aggression by Children and Adolescents (BRACHA) has been found to be a valid tool for use in the ED to determine the best placement on an inpatient psychiatric unit (Brazman, et al., 2011).



### De-escalate Aggressive Behavior Benefits

- Prevent violent behavior
  - Avoid use of restraint
  - Reduce patient anger and frustration
  - Maintain the safety of staff and patients
  - Improve staff-patient connections
  - Enable patients to manage their own emotions and to regain personal control
  - Help patients develop feelings of hope, security and self-acceptance
- (Joint Commission, 2019)

### Objectives When Working with Agitated Person

- Ensure safety of patients, staff, others in vicinity.
- Help patient manage his/her emotions & distress and maintain or regain control of behavior.
- Avoid use of restraint when possible.
- Avoid coercive interventions that escalate agitation.



### De-escalate Aggressive Behaviors

- Stay calm & avoid escalation.
- Manage your own response.
- Set limits.
- Mindfully handle challenging questions.
- Prevent physical confrontation.
- Stay safe!

### De-escalate Aggressive Behaviors/Dialogue

- ❖ No single response will work in every situation.
- ❖ Healthcare providers & staff should consider individual patient, circumstance, and the broader context of situation when responding to escalating behavior.

### De-escalate Aggressive Behaviors/Dialogue

- Respect personal space while maintaining safe position.
- Avoid provocation.
- Establish verbal contact.
- Be concise, clear & simple.
- Identify wants and feelings.
- Listen closely.
- Agree or agree to disagree.
- Set clear limits.
- Offer choices and optimism.
- Summarize for individual.

### Stay Calm

- Listen to individual.
- Ask open-ended questions.
- Reassure.
- Acknowledge grievances.
- Provide opportunity to explain source of anger.
- Be understanding.



### Your Response

- Provide opportunity to speak without interruption.
- Interruption can provoke abusive or aggressive.
- The individual will be more approachable once anger has passed.
- Remain calm, polite, attentive (regardless of the individual's anger).
- Your reaction may influence individual to calm down and behave appropriately.
- Remain objective.

### Maintain Trust

- Maintain appropriate distance.
- Express interest & empathy.
- Avoid prolonged eye contact.



### Provider Responsibility

- Patients should not be denied necessary treatment
- Treatment must be based on clinical need.
- Consider alternative arrangements for providing treatment.

### Attempts to Neutralize Fail

- Ask person to be less aggressive/abusive.
- If ignored, politely ask person to leave (if visitor).
- If the visitor refuses to leave, call security.
- If alone, stay in public view.
- If unable to call security, ask someone else to call.
- Do not argue & never turn back on individual.
- If possible, ensure someone stays with you or others can see you.
- Do not try to touch person.

### Aggression evolves into violence

- Contact law enforcement immediately
- Isolate aggressor in a limited area if possible.
- Evacuate as quickly as possible.

### What if?

- Individual shows **weapon**
  - Maintain composure
  - Ask to put weapon down
  - Use panic button if available
  - Never turn your back on individual
  - Leave room & call security ASAP



### Minimize Risk

- Assess safety
- Raise concerns
- Ensure conflict resolution & dealing with aggressive behavior training available
- Discuss safety measures prior to situation arises

### Strategies to Reduce Workplace Violence

- De-escalation training.
- Self-defense training.
- Infrastructure target-hardening via fence installation, security cameras, and metal detectors.
- Provide adequate security.
- Revise policies which improve staffing levels during busy times.
- Provide on-site mental health personnel.

### Be Aware of System Problems

- Long wait times, lack of available appointments or beds, staff unfamiliar with the department, poor communication by staff may contribute to deteriorating mood.
- Competing pressures on provider (time, resources, personal) may negatively impact communication style and potentially exacerbate situation.

### De-escalation Recap

Respect Individuals' Personal Space  
 Be Aware of Own Body Position  
 Be Empathic to Others' Feelings  
 Keep Nonverbal Cues Nonthreatening  
 Ignore Challenging Questions

(B. Benishek, 2018)

