



# TIP

When a patient or visitor in a health care setting is experiencing stress and anxiety, their reasoning capacity can be diminished. They may shout, swear, argue and make threats.

Extracts from a 'Workplace Violence Prevention for Nurses' module from the National Institute for Occupational Safety and Health, CDC and prevention tips from the Crisis Prevention Institute below, illustrate ways healthcare workers can defuse tense and potentially abusive situations through the words they use and their body language.

### Steps to prevent or mitigate aggressive behaviour

- Be empathic and non-judgmental
- Respect personal space
- Use non-threatening non-verbals
- Avoid over-reacting
- Allow verbal venting when possible
- Ignore challenging questions (e.g. who are YOU to tell me what to do?)
- Set and enforce reasonable limits
- Allow silence for reflection
- Allow time for decisions
- Stay composed

### Guidelines and example responses

### Allow the person to express concern

"Please tell me what's bothering you."

## Use a shared problem-solving approach

- "I understand how frustrating this must be for you."
- "How can we correct this problem?"
- "Ms. Wallace, I can see that you're very angry ... can we talk about what's troubling you?"
- "Mr. Brown, I know you've had a tough time here since your surgery, but I want to do whatever we can to help you."

### Avoid being defensive or contradictory

• This only exacerbates a tense situation.

### **Apologise if appropriate**

• "I'm sorry this happened. Let's find a way to fix it."

### Follow through with their problem

• "I'm going to bring this to my supervisor immediately."

## Avoid blaming others or "It's not my job."

• "Let me get someone who can help you with this problem."

#### Be alert to early signs of a patient's rising anxiety.

• Offer an empathic inquiry such as, "You seem to be upset ... can you tell me what's troubling you?"



### **Limit-setting techniques**

Limit-setting can stop a situation from escalating by

- using a command to express the desired behaviour and -
- providing a logical consequence if the person does not comply.

This is different to issuing a threat. Two examples are provided.

Threat	Limit Setting
"If you don't stop, I'm going to call	"Please sit down. I don't want to involve (name)
(name)!"	but I may have to if you can't control yourself."
"That type of behaviour won't be	"Mr. Barron, would you please stop yelling and
tolerated!"	screaming at me I'm trying to help you."

After an incident, the person who acted out may be ashamed about their outburst. Providing an empathic response will help to protect their dignity and smooth the way for communication.

#### Non-Verbal Skills

Be aware of and control your body position and posture.

- Be calm, or at least act calm. Maintain non-threatening eye contact, smile, and keep hands open and visible.
- Listen. Nod your head to demonstrate that you are paying attention.
- Respect personal space. Maintain arm/leg distance away from the individual. Avoid touching the upset individual as it may be misinterpreted.
- Approach the patient from an angle or from the side.
- Convey that you are in control, by demonstrating confidence in your ability to resolve the situation.
- Demonstrate supportive body language. Avoid threatening gestures, such as finger pointing or crossed arms.
- Avoid laughing or smiling inappropriately.

#### References:

The National Institute for Occupational Safety and Health, Centres for Disease Control and Prevention, USA. Online training "Workplace Violence Prevention for Nurses. <a href="https://wwwn.cdc.gov/WPVHC">https://wwwn.cdc.gov/WPVHC</a> Accessed March 2020.

Crisis Prevention Institute, Top10 De-escalation Tips, Responding to Abusive Patient Behavior: <a href="https://www.crisisprevention.com">https://www.crisisprevention.com</a> USA. Accessed March 2020.