



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

NURSES' WORKBOOK ON PREVENTING ABUSE



Abuse Prevention Program

Updated 2005



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

OUR MISSION is to protect the public's right to quality nursing services by providing leadership to the nursing profession in self-regulation.

OUR VISION is excellence in nursing practice everywhere in Ontario.

Nurses' Workbook on Preventing Abuse Pub. No. 47001

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Introduction

Recent studies have shown that nearly half of all nurses in Ontario have seen or heard about an incident of client abuse in the last few years.¹ These findings leave little doubt that preventing abuse is a critical issue for nursing, and is the responsibility of every nurse. Helping nurses do this is part of the College of Nurses of Ontario's legislative role.² The College believes that the best way to prevent abuse is to support nurses to practise in accordance with the standards of the profession. This workbook will help you prevent, recognize, and stop abuse. In completing this learning program you will also learn best practices for interacting with clients and reflecting on your own values about client care.

One is One Too Many is clearly having an impact on nurses. The College recently studied (see Appendix 1) the impact of the program and found that:

- 45% of nurses are aware of this program; and
- 14% of nurses have participated in it or been exposed to the program.

Nurses exposed to *One is One Too Many* are more likely than those who have not been exposed to the program to report an incident of abuse. Nurses who have been exposed to the program recall:

- that there are different forms of abuse;
- that abuse should not be tolerated; and
- how easy it is to abuse the nurse-client relationship.

This workbook will help you prevent, recognize and stop abuse. In completing this learning program you will also learn best practices for interacting with clients and reflecting on your own values about client care.

The workbook is divided into six modules that explore:

- the five elements of the nurse-client relationship (trust, respect, professional intimacy, empathy and power), which are the basis for learning about the prevention of abuse;
- the meaning of abuse, and the factors that contribute to the risk of abuse;
- boundaries and areas in the nurse-client relationship that may be inappropriate or abusive in certain circumstances;
- the issue of nurse abuse; and
- case studies concerning the abuse of clients and nurses.

The concepts in this workbook are built on the College's *Ethics* and its *Therapeutic Nurse-Client Relationship, Revised 2006*,³ practice standards. These two documents offer a complete discussion of the nurse-client relationship and the ethical principles that guide nurses' interactions with their clients. In addition, Module 5: Abuse of Nurses is based on the College's practice guideline *Nurse Abuse*. These documents can be downloaded at no charge from the College's website at www.cno.org.

¹ See Appendix 1.

² The *Regulated Health Professions Act* requires all health colleges to provide:

- educational requirements for members;
- guidelines for the conduct of members with their patients;
- training for the College's staff; and
- the provision of information to the public.

³ At the time of printing, the *Therapeutic Nurse-Client Relationship, Revised 2006*, practice standard was in draft format.

Learning Outcomes for this Program

By successfully completing this workbook you will have fulfilled five learning goals.

1. Increase your awareness of client abuse, why it occurs, and how to stop it.
2. Reflect on your attitudes, values, and beliefs about the nurse-client relationship and abuse.
3. Learn to prevent abuse by applying best practice principles for the nurse-client relationship.
4. Understand and increase awareness of how to manage boundaries in the nurse-client relationship.
5. Understand nurse abuse, why it occurs, and how to prevent it.

Appendix 2 provides some sources for more information about the issues raised throughout this workbook.

The modules in this workbook are organized to complement one another and are presented in the order that provide the most effective learning experience. Between modules, you may wish to take a week or two to reflect and apply what you have learned before moving on. Working through the issues in this workbook with colleagues may be helpful in discovering new ideas and approaches to dealing with abuse in all its forms.

The *One is One Too Many* program also links with the College's Quality Assurance Program, and this workbook could be a useful addition to your annual learning plan.

Self-Reflections

Exercise 1

Please take a few minutes to answer the questions below, basing your answers on your personal values and practice experience.

I think it is important to show clients and their families that I am in charge. Yes No

Sometimes there is no need for a care plan. Yes No

It is okay to spend off duty time with a client. Yes No

At times it may be necessary to keep something a client has told me from the other members of the health care team. Yes No

When my colleagues behave inappropriately toward clients, I do not know how to deal with it. Yes No

When a client hurts me, I strike back or find I am rough with him or her. Yes No

Other members of the health care team do not understand some clients as well as I do. Yes No

It is important to make clients understand that the nurse really knows what is best for them. Yes No

Self-Reflections

A nurse may sometimes give a gift to a client. Yes No

Some of my clients are my friends. Yes No

Exercise 2

Completing these statements will help you to explore some of the values that you bring to your interaction with clients.

1. Abuse of clients is ... _____

2. My role as a nurse is to ... _____

3. When I feel frustrated while caring for a client in a difficult/stressful situation, I ... _____

4. When I am stressed at work I usually ... _____

5. In my interactions with clients, I like myself most when I ... _____

6. If I heard that a health professional was sexually abusing a client I would ... _____

7. If I saw a colleague being rude to a client I would ... _____

8. One way I can avoid a situation which might be abusive to a client is ... _____

Once you have completed this workbook, we will ask you to review the answers you have given.

Introduction

Preventing abuse is about promoting good nursing practice and learning why some behaviours are inappropriate. The promotion of good practice begins with an understanding of the dynamics of the nurse-client relationship.

Learning Goals

- 1) Develop your understanding of the nurse-client relationship.
- 2) Understand the role of the therapeutic relationship in defining and preventing abuse.

Section A: Elements of the Therapeutic Nurse-Client Relationship

The nurse-client relationship is established and maintained by the nurse through the use of professional nursing knowledge and skill, and caring attitudes and behaviours. The relationship is therapeutic. Its purpose is to benefit the client, and it is based on **power, trust, respect, professional intimacy** and **empathy**. These components are present whenever the nurse is providing services.

A clear understanding of the five elements of the nurse-client relationship contributes to a better awareness of abuse and its impact on the client. Abuse occurs when a nurse misuses her/his power, or betrays the trust, respect or intimacy of the relationship in a way which she/he knew or ought to have known would cause harm to the client.

The five elements of the nurse-client relationship are summarized below. They are discussed more fully in the College's *Therapeutic Nurse-Client Relationship, Revised 2006*, practice standard.

Power. The nurse-client relationship is one of unequal power. Although the nurse may not immediately perceive it, the nurse has more power than the client. The nurse has more authority and influence in the health care system, specialized knowledge, access to privileged information, and the ability to advocate for the client and the client's significant others. The appropriate use of power, in a caring manner, enables the nurse to partner with the client to meet the client's needs. A misuse of power is considered abuse.

Trust. Trust is critical in the nurse-client relationship because the client is in a vulnerable position. Initially, trust in a relationship is fragile, so it's especially important that a nurse keep promises to a client. If trust is breached, it becomes difficult to re-establish.

Respect. Respect is the recognition of the inherent dignity, worth and uniqueness of every individual, regardless of socio-economic status, personal attributes and the nature of the health problem.

Professional intimacy. Professional intimacy is inherent in the type of care and services that nurses provide. It may relate to the physical activities, such as bathing, that nurses perform for, and with, the client that creates closeness. Professional intimacy can also involve psychological, spiritual and social elements that are identified in the plan of care. Access to the client's personal information also contributes to professional intimacy.

Empathy. Empathy is the expression of understanding, validating and resonating with the meaning that the health care experience holds for the client. In nursing, empathy includes appropriate emotional distance from the client to ensure objectivity and an appropriate professional response.

1. How does our discussion of these elements compare to your beliefs about what is important in the relationship?

2. As a *nurse*, what do you think/believe is the most important element of the therapeutic relationship? Why?

3. For a *client*, what do you think/believe is the most important element of the therapeutic relationship? Why?

The examples below illustrate how the elements of the therapeutic relationship might occur in your practice. When you have finished reading them, answer the questions that follow.

Power — A nurse refuses to give a client medication for anxiety because the client does not appear anxious to her. (The nurse has power over the client since she controls access to medication.)

Trust — The nurse is competent to provide care to an immuno-compromised client. (Clients trust nurses because they expect the nurse to possess expert knowledge and skill.)

Respect — The nurse, who does not agree with a client's decision to maintain life support on his mother, listens carefully and non-judgmentally to the family's beliefs and values and rationale for the decision. (By showing respect for a client's choices, the nurse strengthens communication and confidence between the nurse and the client.)

Professional intimacy — The nurse and the client talk about the death of the client's loved one. (The nurse performs many activities for and with the client which create personal and private closeness and may involve physical, psychological, spiritual and social elements.)

Empathy — The nurse listens to the client's concerns about having a colostomy. The nurse understands how the client is feeling by listening to what the client is expressing. The nurse then acts on those concerns by responding professionally and being objective.

1. Briefly detail an intimate interaction you had with a current or recent client.

2. Identify and discuss one example each of power, trust, professional intimacy, empathy and respect in your relationship with that client.

a) Power

b) Trust

c) Professional intimacy

d) Respect

e) Empathy

3. Was there anything about the interaction that you might wish to change?

Wrap-Up

Being aware of your role in the therapeutic relationship and clients' dependence on you will help you to understand more clearly your responsibilities to clients. It will also help you to become more sensitive to the issues surrounding client abuse. The next module will introduce the topic of client abuse and its prevention.

Module 2 Recognizing the Abuse of Clients

Reflect on your learning from this section. If you don't feel you have met your personal learning needs, review the model again. You may also want to seek additional resources, such as those listed in Appendix 2, talk to a colleague about these issues, or call the Practice Line at 416 928-0900 or toll-free in Ontario at 1 800 387-5526.

Introduction

Awareness is the first step to abuse prevention. Did you know that personal stress and the condition and behaviour of the client are risk factors for the incidence of abuse? And in today's rapidly changing health care environment, stressful practice settings also contribute to abuse. Professional nurses understand the causes of abuse and know how to prevent and intervene in abuse.

Learning Goals

- 1) Identify physical, verbal, emotional, sexual abuse, financial abuse and neglect.
- 2) Know how to take action to stop an abuse situation.
- 3) Understand the impact of abuse on clients.
- 4) Understand the reporting requirements for professionals in Ontario.
- 5) Be knowledgeable about the personal and environmental risk factors for the abuse of clients.

Section A: What is Abuse?

Being aware of the different types of client abuse is the first step in abuse prevention. Abuse is defined in the context of the nurse-client relationship. Thus, client abuse is a misuse of power and/or the betrayal of trust, respect, professional intimacy and empathy in the therapeutic relationship. Abuse of a client will always interfere with meeting the client's therapeutic needs and permanently harms the relationship between the nurse and the client. The intent of the nurse does not justify a misuse of the power within the nurse-client relationship. Abuse can occur in any practice setting and can be the result of either deliberate action or indifference.

There are several behaviours listed below which are always unacceptable because they are unprofessional and abusive to the client. Some are subtle and others more overt. Becoming sensitive to them will help you identify and prevent abuse. The behaviours below are always unacceptable.

Emotional/verbal abuse is a demonstration of disrespect for the client and includes actions such as:

- sarcasm;
- insensitivity to client's preferences;
- intimidation, including threatening gestures/actions;
- swearing;
- manipulation;
- cultural/racial slurs; and
- retaliation or revenge;
- inappropriate tone of voice, such as one expressing impatience.
- teasing or taunting;

Physical abuse includes behaviours toward a client that are violent, threatening or inflict physical harm and includes actions such as:

- hitting;
- shaking;
- pushing;
- using force; and
- slapping;
- handling a client in a rough manner.
- pinching;

Sexual abuse. The *Regulated Health Professions Act, 1991*, specifically defines and prohibits sexual activity involving a client by any health care professional in Ontario. Sexual abuse includes, but is not limited to, consensual and non-consensual:

- sexually demeaning, seductive, suggestive, exploitative, derogatory or humiliating behaviour, comments or language towards a client;
- touching of a sexual nature or touching that may be perceived by the client or others to be sexual;
- sexual intercourse or other forms of sexual contact with a client;
- sexual relationships with a client's significant other; and
- non-physical sexual activity such as viewing pornographic websites with a client.

Abuse of a sexual nature does not include touching, behaviour or remarks that are appropriate for the clinical services provided.

If the nature of the nurse-client relationship is psychotherapeutic or for the provision of intense psycho-social counselling, nurses are prohibited from forming a sexual or romantic relationship with a former client or client's significant other until one year after the termination of the nurse-client relationship, and only if such a relationship will not have a negative impact on the well-being of the client.

Neglect occurs when a nurse fails to meet the basic needs of the client either deliberately or due to indifference and includes such actions as the withholding of:

- clothing;
- food;
- fluid;
- needed aids or equipment;
- medication;
- communication;
- care; and
- non-therapeutic privileges.

Neglect also includes ignoring, confining and/or isolating a client.

Financial abuse occurs when a nurse takes financial advantage of a client, either intentionally or by:

- borrowing money from clients;
- soliciting gifts;
- withholding finances through trickery or theft;
- using influence, pressure or coercion to obtain the client's money or property;
- abusing a client's bank accounts and credit cards;
- having financial trusteeship, power of attorney or guardianship; and
- assisting with the financial affairs of a client without the health team's knowledge.

Exercises

After reading the College’s definition of abuse, consider these scenarios and identify what the abuse is in each of the examples.

Scenario #1

A nurse, John, working in an outpatient clinic for psychiatric clients was very attracted to one of the clients, Nina. Whenever Nina came into the clinic, he made sure that he was available to discuss her progress before she was given her medication. Three months after meeting, John and Nina began dating. Soon after, they moved in together.

1. Identify why John’s behaviour would be considered sexual abuse.

2. How is this an abuse of the power in the relationship?

Discussion

As a nurse, John has more power in the relationship. In particular, he has more knowledge of Nina and her situation than she has about him. The therapeutic relationship is developed to meet a client’s needs, but John is using the relationship with a vulnerable client to meet his own needs. He is taking advantage of Nina’s trust in the relationship.

Nina may not have an objective view of John and may see him as an important source of reward and support. For John, this personal relationship clouds his ability to objectively provide care to Nina over the course of the relationship.

Section B: Intervening in Abuse

College research has demonstrated that abuse stops when someone speaks out.⁴ In particular, when nurses intervene to stop or prevent abuse they are very effective. Nurses have a professional responsibility to protect their clients who, because of their vulnerability, may not be able to stop the abuse.

Intervening to stop abuse can take a number of forms. One important type of intervention involves watching for the warning signs of abuse and in this way protecting clients from harm. This may involve:

- helping a colleague cope with a stressful situation;
- supporting a colleague in dealing with a difficult client;
- approaching colleagues who have been aggressive with a client to make them aware of their behaviour; or
- being available to talk through problems and to develop strategies to deal with them.

Exercises

Consider the following scenario of how one nurse dealt with an abusive situation.

Example #1

Dorothy is working the afternoon shift at a long-term care facility when she hears shouting on another unit. Investigating, she finds a colleague very upset and angry with a resident. The colleague is shouting and shoves the resident down the hall so fast that he stumbles. Dorothy quickly intervenes, telling the colleague to stop and leave the situation until she calms down. Dorothy then requests a health care aide to take the resident to his room and stay with him until he calms down.

The colleague tells Dorothy that she is under a lot of personal stress and lost her temper with the resident. Dorothy knows that this is not the first time such an incident has happened. Other nurses have mentioned that they have witnessed the same kind of behaviour. Dorothy tells her colleague that she feels she needs to report the incident to the director of care.

Discussion

The abuse stopped when Dorothy intervened. Now Dorothy needs to report the matter to the director of care because it is a serious incident that caused both physical and emotional harm to the resident. It is also not the first time this type of incident has occurred. The colleague needs assistance to deal with her personal problems. Intervening and reporting the incident may result in her seeking help for her personal problems.

Example #2

Two nurses, Sharon and Jane, are discussing the day's events over coffee at Jane's home. They have been friends for years and have always been very supportive of each other in their personal and professional lives. During the conversation Jane admits that something occurred today at work that she is not proud of as a nurse. After reassurance from Sharon, Jane confides that a client grabbed her arm forcefully and, after she freed herself, she struck him in the shoulder. Jane is very distraught over the incident.

⁴ See Appendix 1 for more information.

1. In this situation what is Sharon's responsibility to:

a) her client? _____

b) Jane? _____

c) herself? _____

2. What strategies could Jane adopt to avoid a repetition of this scenario?

Your obligations for reporting abuse

Determining the right thing to do when you witness abuse depends on the situation. In some cases, you may be able to head off the problem by speaking with your colleague. Other times, you may need to intervene more directly. Module 5: Preventing the Abuse of Nurses offers some intervention techniques.

In all cases of client abuse, you need to follow up on the incident with a report. When the abuse is verbal or physical, your obligation is to report it to your unit manager or employer. Depending on the severity, and whether the abuser is a nurse, you may also want to inform the College. If the abuse is of a sexual nature, your responsibility is specific: read the box below.

IMPORTANT INFORMATION

Mandatory Reporting Requirements

The *Regulated Health Professions Act* (RHPA) requires any health care professional who has reasonable grounds to believe that a client has been sexually abused by another health professional to report this to the regulatory college of the alleged abuser. This requirement applies to information obtained in the course of practising the profession.

“Reasonable grounds” for making a report would include:

- information received from a normally reliable source, such as another nurse; or
- reports from a client about a specific incident that occurred to him/her unless it was known the allegation could not be true (i.e. the person was not on duty on the day the abuse allegedly occurred).

Rumour or gossip do not, by themselves, constitute reasonable grounds. Nurses are not required to investigate or make inquiries to confirm that the allegations are true before reporting. If you are considering making a complaint to the College about abuse(s), you can do so without the client's consent. However, in cases of sexual abuse, permission must be granted by the client in order for their name to be used in the complaint.

If you have questions regarding filing a report about a nurse, call the College of Nurses of Ontario at 416 928-0900 or toll-free in Ontario at 1 800 387-5526.

Section C: Personal and Environmental Factors that may Contribute to Abuse

Through research, the College has identified some personal and environmental factors that may contribute to the likelihood of nurses abusing clients. Managing these factors is an important part of preventing abuse.

Personal factors that increase the risk of a nurse abusing clients are if the nurse:

- is or has been abused her/himself;
- is experiencing professional burnout;
- has personal problems that decrease her/his ability to cope with work related stress (e.g., marital or financial problems);
- has a great deal of situational stress (such as tiredness, working continual nights);
- lacks insight into personal and cultural values and traits which influence either her/his own or the clients' reactions and responses;
- disregards clients' rights; and
- is unsure of how to manage difficult client situations or clients who display aggressive behaviours.

Environmental factors that increase the risk of abuse of clients are:

- heavy workload;
- inappropriate nursing skill mix for the client population;
- inadequate staffing; and
- lack of support and caring for the caregivers.

The risk of abuse is also greater with clients who:

- are elderly;
- exhibit confusion;
- display aggressive or combative behaviours; or
- are labelled as "difficult."

Exercises

1. Based on these factors, what serious risk factors for the abuse of clients do you see in your own practice setting?

2. Which of these personal or environmental risk factors can you change? How can you change it?

3. Are there any barriers that could interfere with achieving your objective?

4. Briefly outline a strategy that could be used to remove the barriers that may interfere with achieving your objective.

Wrap-Up

For nurses, the meaning of abuse is rooted in the therapeutic nurse-client relationship; any betrayal of this relationship is considered abuse. Increasing your awareness of abuse is the first step toward preventing it. By completing this module, you have learned how to recognize abuse, and about your obligation to intervene and stop abuse when you see it happen. This module has also outlined the risk factors for the abuse of clients. This knowledge will enable you to support your clients and colleagues by intervening in abuse situations.

Reflect on your learning from this section. If you do not feel you have met your personal learning needs, review the model again. Alternately, seek additional resources, talk to a colleague about your issues, or call the College Practice Line at 416 928-0900 or toll-free in Ontario at 1 800 387-5526.

In the College's *Therapeutic Nurse-Client Relationship, Revised 2006*, practice standard, there is a decision tree that can help you work through a personal situation to determine whether a particular activity or behaviour is appropriate within the context of the nurse-client relationship. The decision tree should be used while considering all components of the nurse-client relationship and behavioural expectations contained within the document.

Introduction

The *One is One Too Many* video/DVD shows several scenarios involving client abuse and provides expert commentary on how to deal effectively with these situations. The video has been highly praised by nurses who have used it. The DVD allows you to easily view each segment individually. The different scenarios in the video illustrate what you learned in Module 1 and 2.

Learning Goals

- 1) Expand understanding of client abuse and how to prevent it.
- 2) Learn about other nurses' experiences with client abuse.
- 3) Be more aware of clients' perspectives on abuse and its impact.
- 4) Reflect on personal feelings about client abuse.

Section A: One is One Too Many Video

Please watch the *One is One Too Many* video. This 30-minute video recreates real incidents and includes dramatic sequences illustrating different types of abuse: verbal, physical, emotional, sexual, financial and neglect. The content of the video can cause strong emotional reactions.

Exercises

After watching the video, reflect on your own practice by answering the following questions.

1. Before viewing the video would you have perceived all of these actions as abusive to clients?

2. How is your experience the same/different from that of the nurses in the discussion?

Case Study — Scott McArthur

In the video, Scott McArthur, a man with cerebral palsy, is given his dinner tray but is unable to reach it. His speech difficulty prevents him from alerting the nurses who check in on him. The nurse finally removes the tray and Scott ends up not eating. Scott portrays himself in this scene and explains how he feels when this happens to him in real life.

1. What kind of abuse is demonstrated in this scenario?

2. What factors contributed to the abuse occurring?

3. Do you think the nurses were aware that their behaviour was abusive?

4. Is intent a consideration in deciding whether behaviours are abusive?

5. What strategies would you implement to prevent this from happening?

Answers

1. *Neglect and emotional abuse. Consider Scott's feelings: "I don't know if I will get to eat today." "I should just be grateful someone is helping me."*
2. *Lack of knowledge of the client's specific traits and conditions that influenced his response to the situation.*
 - *Nurse did not observe problems or ask client why he did not eat.*
 - *Failure to take time to understand the client's needs.*
 - *Failure to communicate Scott's special needs with members of the nursing staff.*
3. *No. Their actions were friendly, cheerful, no evidence of intent or conflict.*
4. *If the nurse knew or ought to have known that the act or behaviour would cause harm it could be considered abusive.*
5. *Effective communication among caregivers about the special needs of clients.*

Nurses who care for clients with special needs can seek additional specialized knowledge required to provide safe, effective and ethical care.

Take time to listen to clients and determine their perception of needs.

Section B: Preventing Abuse by Enhancing Communication and Listening

Using communication techniques to understand and respect the client helps the nurse provide care that meets clients' needs and prevents abusive situations from developing. It is through therapeutic communication that the nurse can assist the client to achieve his/her goals. However, as in the case of Scott McArthur, this part of the therapeutic interaction with clients might get neglected.

Without appropriate communication, the relationship with the client suffers, and it may affect the client's perception of whether she or he is receiving appropriate nursing care. Many of the complaints that the College receives are related to inadequate communication. Nurses can prevent certain types of abuse by communicating effectively with their clients.

Using a variety of communications strategies and interpersonal skills, nurses can take advantage of even the smallest opportunity to strengthen their therapeutic relationship with the client. (For additional information on this topic please see the *Therapeutic Nurse-Client Relationship, Revised 2006*, practice standard.) The following are a few of the strategies that can be used to strengthen the relationship, promote better communication and prevent unintended abuse.

- Introduce yourself to the client. Establish with the client the manner in which she or he prefers to be addressed (e.g., first name, last name, Mr./Mrs.).
- Listen to the client without immediately giving advice or diminishing the client's feelings. Listen with respect for the client's values, opinions, needs and ethno-cultural and racial beliefs, and integrate these elements into the care plan. Consider body language and tone of voice when speaking with the client.
- Give the client the time, opportunity, and ability to explain and ask questions.
- Explore unusual comments, attitudes or behaviours of clients to discover their meaning.
- Provide information to promote client choice and informed decision-making.
- Explain to the client that health information will be kept confidential within the health care team but shared among that team.

Exercises

Now that you are familiar with some of the strategies you can use in your interaction with clients, apply these techniques to an example from your own practice. Think of a time when you communicated well with a client or a family and were able to be particularly helpful because of your sensitivity to their needs.

1. Briefly detail the situation.

2. Which effective communication strategies did you use?

3. Based on what you have learned in this segment and the example you just provided, is there something you could have done differently with other clients to foster a more positive relationship?

Sometimes it is difficult to do this exercise on your own. You may want to talk with a peer or call one of the College's practice consultants to help you develop new approaches.

Wrap-Up

One is One Too Many is a powerful learning tool that demonstrates abuse and its effect on clients. The video was designed to help you identify and better respond to difficult and abusive situations.

This module also outlined a number of communication tips to use with your clients to promote good relationships and avoid misunderstandings. Maintaining effective professional relationships with your clients can be achieved through simple, regular, communication.

Reflect on your learning in this section. If you do not feel you have met your personal learning needs, review the module again. Alternately, seek additional resources, talk to a colleague about your issues, or call the College Practice Line at 416 928-0900 or toll-free at 1 800 387-5526.

In the College's *Therapeutic Nurse-Client Relationship, Revised 2006*, practice standard, there is a decision tree that can help you work through a personal situation to determine whether a particular activity or behaviour is appropriate within the context of the nurse-client relationship. The decision tree should be used while considering all components of the nurse-client relationship and behavioural expectations contained within the document.

Introduction

This module explores the difference between therapeutic relationships and personal relationships. When the boundaries of the therapeutic relationship are crossed the result is often negative for the client. Because boundaries can sometimes get confused, awareness is key to avoiding this grey area of abuse.

Learning Goals

- 1) Improve your knowledge of the concept of boundaries in the nurse-client relationship.
- 2) Understand how inappropriate conduct impacts clients.
- 3) Learn how to avoid inappropriate conduct.
- 4) Recognize the warning signs for crossing boundaries.
- 5) Understand the “grey areas” in the nurse-client relationship (gifts, self-disclosure, etc.).
- 6) Learn what to do if you or a colleague have crossed a boundary in the nurse-client relationship.

Section A: Managing Professional Boundaries

A boundary in the nurse-client relationship is the point in the relationship at which the relationship changes from professional and therapeutic to non-professional and personal. Crossing boundaries means that the care provider either misuses the power in the relationship to meet her/his own personal needs rather than the needs of the client, or behaves in an unprofessional manner.

A nurse’s relationship with clients is different from a social relationship or friendship. The therapeutic relationship exists solely for the purpose of providing professional care. The needs of the client are paramount.

While maintaining appropriate boundaries enhances the therapeutic relationship, crossing boundaries is harmful to the client. Because a client may not understand the difference between a social and professional relationship, the responsibility for maintaining professional boundaries rests entirely with the nurse.

Managing the boundaries of the relationship has several components. These elements are fully discussed in the College’s *Therapeutic Nurse-Client Relationship, Revised 2006* practice standard. For reference, they are summarized below.

Nurses manage the boundaries of the therapeutic relationship through:

- self-reflection;
- establishing and following a comprehensive plan of care;
- meeting personal needs (e.g., social support, companionship, approval, etc.) outside of the therapeutic nurse-client relationship;
- explaining and discussing the meaning of confidentiality with the client;
- being sensitive to the context in which care is provided (e.g., in a client’s home, outside a traditional environment); and
- achieving a clear understanding with the client about the duration and termination of the relationship.

Exercises

Review the following scenarios and describe your impressions and what your actions would have been. Refer to the College’s *Therapeutic Nurse-Client Relationship, Revised 2006*, practice standard if you wish.

Scenario #1

Nurse Sara Jones has been visiting a client, George, at home for several weeks. George is a young man about the same age as Sara. He is paraplegic, with a number of pressure areas that need dressing. Lately, George has been depressed and withdrawn. Sara decides that George would benefit from increased social interaction. She begins to visit George on her own time and invites him to accompany her to the movies and then a party with some of her friends. Sara is very surprised and upset when George reveals he is falling in love with her. George is devastated to find she is engaged to someone else.

- 1. Identify how you might have used a plan of care to respond to George’s needs while maintaining the boundaries of the therapeutic relationship.

Discussion

One way of using a care plan to deal with this situation is:

Sara has identified **George’s** need for social interaction. Sara discusses the problem with the health care team and they recommend arranging transportation for George to attend a support group of other clients with paraplegia every two weeks. He becomes very friendly with several other young people who all decide to join a wheelchair basketball league—George included.

- 2. Have your personal problems affected the care you have given a client? Write the details of this situation and identify strategies to prevent it from reoccurring. Alternatively, have you experienced a situation in which you prevented your personal problems from interfering with client care? Write the details of this situation and the strategies you used.

a) Details:

b) Strategies:

Section B: Warning Signs

Before encountering problems in the therapeutic nurse-client relationship, there are a number of warning signs you can look for to indicate that you or a colleague may be crossing the boundaries. Being aware of the warning signs can prevent you or your colleagues from abusing the power, trust, respect and professional intimacy in the relationship.

Exercises

1. Which of the following do you think are warning signs for abuse?

Spending extra time with one client beyond therapeutic needs. Yes No

Changing client assignments so as to give care to a specific client. Yes No

Feeling other members of the team do not understand a specific client as well as you. Yes No

Disclosing personal problems to a specific client. Yes No

Dressing differently when seeing a specific client. Yes No

Thinking about the client frequently when away from work. Yes No

Being guarded or defensive when someone questions your interactions with the client. Yes No

Spending off-duty time with a client. Yes No

Ignoring policies of the agency when working with a specific client. Yes No

Keeping secrets with a client. Yes No

Giving a client your home phone number when it is not required as part of the nursing role. Yes No

ANSWER: These are all warning signs for abuse.

2. List two of the warning signs, or other clues, for crossing the boundaries of a therapeutic relationship that have happened to you or a colleague.

1. _____

2. _____

3. Based on these two warning signs, what could you do to encourage appropriate professional boundaries?

Section C: What To Do When a Nurse Crosses the Boundaries

When a nurse suspects that she or he is involved in a situation that crosses the boundaries of the therapeutic nurse-client relationship, the nurse needs to take action to maintain or restore the professional boundaries. The primary concern is always for the safety and well-being of the client. In these circumstances the nurse can solicit input from colleagues, consult the professional standard documents and/or contact one of the practice consultants at the College to discuss the situation.

If a nurse believes that a colleague is crossing the boundaries of the therapeutic nurse-client relationship with a client, the nurse needs to deal with the situation very carefully.

Step 1: Discuss your concerns with your colleague in a factual way, identifying:

- what was observed;
- what the perception of that behaviour is;
- the potential impact on the client; and
- the standards and the warning signs.

Step 2: If Step 1 is not available or proves ineffective, speak with the immediate supervisor, with the above details being the focus of the discussion.

Step 3: If the situation is still not resolved, inform the client of his/her rights, and send a notification to the next higher level of authority or to the College.

Section D: Addressing the “Grey Areas”

We will now move on to consider some of the “grey areas” in the therapeutic nurse-client relationship. These are actions and behaviours that when used appropriately within the therapeutic relationship assist in meeting the client’s needs. In different circumstances, these same actions and behaviours would be considered unprofessional or abusive.

Self-disclosure may be useful if it will meet a specific therapeutic need of the client rather than the nurse’s need and is not subject to misinterpretation. Before using self-disclosure, nurses should first consider the whole context of the situation.

Accepting gifts from clients. When offered a gift by a client or a client’s family member, consider why the gift is being offered (e.g., in appreciation or to ensure continued care), whether the client may feel obligated to give gifts to all staff, and your employer’s policies on gifts. Determine if the refusal of the gift will be detrimental to the client and the nurse-client relationship, as well as the potential for negative feelings on the part of other clients who may not be able to, or who choose not to, give gifts.

Giving gifts to clients may be appropriate only if the gift is from a group of nurses or from an agency/corporation after determining that the client is clear that the nurses do not expect a gift in return. Before giving a gift, consider whether it will have a negative effect on the therapeutic relationship with the client, other clients and/or on the members of the health care team.

Nursing family or friends requires special attention when the nurse is acting in her or his professional role (either paid or volunteer). The nurse needs to make a special effort to ensure input from the client, and observe appropriate boundaries, confidentiality and objectivity. When a nurse is not acting as a professional nurse (such as providing care for her/his own child with a cold), boundaries are not an issue, and the nurse need only be concerned with providing competent care.

Exercises

The following exercises are based on practice situations involving actions that may be appropriate in some circumstances. Review the examples, reflect on the questions provided, and decide how you would react, and then compare your response with the discussion provided. You may also want to share these examples and your thoughts with your colleagues to get different perspectives.

Scenario #1

Client: “When he told me he didn’t want to see me again, I felt like slapping him and hugging him at the same time. But then I knew the problem was really me and no one could ever love me.”

Nurse: “When I broke off with a man I had been seeing, I felt the anger, hurt, and bitterness you just described. I remember thinking I would never date another man. However, I am happy now and seeing someone new.”

1. Was this comment by the nurse appropriate? Why?

Discussion

This is an example of appropriate use of self-disclosure. The nurse self-disclosed to help the client downplay her feeling of inadequacy (“no one could really love me...”). As such, the nurse emphasized that the client’s feelings are natural, and implied that, with time, the client will be able to resolve the loss as the nurse did.

In contrast, had the nurse used this opportunity to talk about problems in her own social life it would have been inappropriate. Self-disclosure by the nurse is only done for the client’s benefit. That is, the nurse must have a particular therapeutic goal in mind and assess the relevance, appropriateness, and potential effectiveness of her disclosure in relation to that goal. The nurse does not disclose information of a personal nature to meet her own needs or to feel better.

Scenario #2

The family of a client offers one or another nurse on the team a little gift each day. Sometimes it is chocolates, sometimes inexpensive jewellery. Lately the gifts have become a bit more expensive with increasing monetary value. Most of the nurses accept graciously, but some are feeling uncomfortable.

1. Is there anything wrong with accepting the gifts from the family?

2. How would you handle this situation?

Discussion

The nurse needs to explore the meaning of the gifts with the client and the family. During this discussion the nurse tries to discover the family’s perspective on the care provided, the family’s view of the health of the client, and role of professional nurses. The nurse might also consider whether the increasing monetary value of the gifts is a result of the family’s fear that the care is deteriorating or that the client’s care needs are increasing.

Giving care providers gifts is common in some cultures, so the nurses need to be sensitive to the potential cultural issues.

The nurses need to discuss the issue of accepting gifts and develop a mutual understanding of the appropriateness of accepting gifts from a client or client’s family with her or his colleagues.

Scenario #3

A nurse is one of several who are providing home care for a client who has terminal cancer. With the assistance and counsel of a physician and a naturopath, the client has chosen to treat her illness with natural remedies. After a few weeks the nurse, who has been very moved by the client's bravery, presents the client with a leather journal in which she can share her thoughts about her disease and treatment.

1. Is this gift appropriate?

2. Does this gift provide therapeutic benefit to the client?

Discussion

Some of the considerations that a nurse may reflect on are whether the presentation of the journal is part of, or consistent with, the plan of care and whether it is intended to meet the needs of the client or the nurse's own needs. In this scenario, the meaning of the gift is not clear. On the one hand, the nurse may be changing her relationship with the client by giving a personal gift. Alternatively, the journal may simply be intended to provide a good opportunity, within the plan of care, for the client to express her feelings as she deals with personal issues. When considering presenting a gift to a client, the nurse would need to clearly communicate to the rest of the team the intent of the gift and why it would benefit the client. Other clients or family members in a similar situation who have seen this happen may expect the same care that this client received. In such situations, it would be advisable for the nurse to discuss this with another healthcare professional, colleague, manager and/or a College practice consultant

Wrap-Up

The key concept to remember from this module is that, as a nurse, it is your role to manage the therapeutic nurse-client relationship for the benefit of the client. This includes involving clients in the planning of care and being clear about the nature of the relationship and your role in it.

It is not always clear when a nurse is crossing a professional boundary. But when boundaries are crossed, the result can be as negative for the client as any other kind of abuse. Being aware of boundaries and warning signs will help you promote effective therapeutic relationships with your clients.

Reflect on your learning in this section; if you don't feel you have met your personal learning needs, review the module again. You may also wish to consult the decision tree in the College's *Therapeutic Nurse-Client Relationship, Revised 2006*, practice standard. Alternately, seek additional resources, talk to a colleague about your issues, or call a College practice consultant at 416 928-0900 or toll-free at 1 800 387-5526 to discuss the matter.

Module 5 Preventing the Abuse of Nurses

Introduction

As a nurse, you provide care to a variety of clients and families, sometimes in stressful and difficult situations. The professionalism that nurses use to provide nursing services and handle difficult situations earns them the respect and admiration of the public. How you deal with abuse demonstrates your professionalism and the respect you have for your client, yourself and the profession of nursing. Being knowledgeable and skilled in dealing effectively with abuse directed at nurses is an important element in reducing all types of abuse in health care environments and enhancing the quality of care provided to clients.

Learning Goals

- 1) Increase your awareness about the abuse of nurses.
- 2) Understand the relevance of client intent.
- 3) Understand the impact of nurse abuse on clients.
- 4) Be knowledgeable about how to manage abuse when it occurs.
- 5) Understand the importance of intervening and reporting abuse.
- 6) Understand ways that nurses can prevent being abused and promote abuse-free practice settings.

Section A: What is Abuse of Nurses?

Abuse of nurses can be emotional, verbal, physical, neglect or sexual. Some examples of abusive behaviours are: intimidation, swearing, cultural slurs, hitting, pushing, inappropriate comments of a sexual nature, inappropriate touching, or sexual assault. The abuse can come from a number of sources including the client, clients' families, or other members of the health care team.

When dealing with abuse directed at you by a client or the client's family consider how this behaviour may be affected by the client's health state. The stress of an illness, pain, physiological changes, or cognitive impairment may result in clients or their families directing frustration, anger, or aggressive behaviour at a nurse. Nurses need to consider the underlying cause of abusive behaviour and use their professional knowledge, skill, and judgement to anticipate, assess and manage the situation.

Nurses provide professional nursing service and are committed to meeting the needs of their clients.

Providing professional nursing services *does not* include accepting abuse. Nurses can take appropriate action when abuse occurs.

Section B: Preventing and Managing Abuse Directed at Nurses

Nurses always strive to manage abusive situations in a safe and effective manner. The College recently developed some expectations for nurses to prevent abuse.⁵ These expectations are described under the following six headings.

Exercises

How would you respond to the following situation?

Scenario #1

A nurse is providing a burn bath in an acute care facility and despite analgesia, the client experiences severe pain and yells profanities at the nurse.

1. Is this abuse of the nurse? Why?

2. How would you handle this situation?

Discussion

The nurse should consider the extreme pain involved in the treatment and that the abuse was not directed at the nurse personally but was a response to pain. The nurse should understand the client's situation and ignore the abuse. She may also want to look for ways to address pain management.

⁵ See the College's *Nurse Abuse* practice guideline.

Anticipate

- Develop personal and team competencies in anticipating and managing abusive behaviour by seeking education and expert resources.
- Become directly involved in creating, evaluating and improving processes for eliminating abuse.

Assess

- Assess the potential cause(s) of the abusive behaviour. Consider the impact of a client's health situation on his/her behaviour.
- Assess the danger to the client and yourself.

Plan

- Create a plan of care to effectively deal with the cause(s) and the behaviour itself.
- Use resources and expert assistance to deal with situations that the nurse is unable to manage on her/his own.
- Be alert to a potentially abusive situation and have a plan to protect personal safety.

Act

- Use only reasonable force to protect a client, a colleague or yourself.
- When faced with imminent physical harm, or when a client is abusive on an ongoing basis, the nurse may need to withdraw from the situation.
- While nurses should take action to address and manage abusive behaviour, nurses must always respect their clients, maintain their safety and never inflict harm.

Report

- Report all incidents of abuse to the appropriate source, such as the nurse-manager or union. If the situation warrants, or in accordance with employer policies, involve the relevant regulatory college and/or the police. Report every incident to help reduce abuse by making the problem known and by identifying and communicating trends in the workplace.
- Support your colleagues in reporting and following up on incidents of abuse.
- Advocate with your employer to provide mechanisms for reporting and follow-up of abuse, such as critical incident debriefing, information sharing about abusive clients, and counselling for nurses who are abused.

Analyze

- Analyze the client's behaviour and the situation leading up to the incident to identify factors that may predict or prevent abuse in the future.

Exercises

Scenario #1

A nurse from a community agency provides nursing care in the home of a client who is physically disabled. The client is frequently disrespectful to the nursing staff. Today, the client yells: "Get me my coffee, damn it!"

1. Is this abuse of the nurse?

2. How would you handle this situation?

Discussion

The nurses caring for this man need to understand the meaning behind their client's behaviour. Once they understand if he is angry, anxious or unaccepting of his condition, they can develop a plan to help him communicate these feelings in a socially acceptable manner. Because the behaviour is persistent, the nurses should also access expert resources to assess and manage the causes of the verbal abuse. An advanced practice nurse who specializes in the nursing care of the physically disabled could assess the client and help the nurses, the client and his family to understand the behaviour and to develop a mutually agreeable plan that respects both the client and the nurses.

The nurses need a clear plan of care to deal consistently with this sort of verbally abusive behaviour. They also need to explain that the behaviour, i.e., the manner in which he is speaking to them, is upsetting and interferes with providing good care. The nurses can set boundaries by indicating that it is not appropriate to speak to them this way, and that they will step out of the room and return when the client is able to speak in a respectful manner.

In addition to actions with the client, the nurses should report each incident of abuse to the agency. In circumstances where a respectful therapeutic relationship cannot be negotiated, the agency may choose to no longer provide services to the client. The agency would have to give the client an opportunity to find an alternative service provider.

Scenario #2

A nurse is working triage in the emergency room when a chemically impaired client who was injured in a fight arrives in the ER. Suddenly and unexpectedly he pulls out a knife and threatens the nurse.

1. How would you handle this situation?

Discussion

The client in this situation, although impaired, is threatening abuse toward the nurse. The nurse is in potential danger. The nurse should distance herself from the situation and immediately inform her team about her concerns. She should not try to remove the knife from the client. While a team member calls security to assist in the situation another needs to monitor the client at a distance to ensure he does not injure someone else or himself. Because this incident was very serious, the nurse may consider informing the police.

If the client were not impaired, the nurses could have tried to talk to the client to de-escalate the situation. In any case, an incident report should be filed.

Section C: Potential Risk Factors for the Abuse of Nurses

While there may be no warning of a particular incident of abuse toward a nurse, there are indicators and factors associated with increased risk of abuse. While this list is not exhaustive, the following are some of the more common warning signs.

A client is more likely to demonstrate abusive behaviour if he/she:

- has a history of aggressive or violent behaviour, including threats, verbal abuse or domestic violence;
- suffers from dementia, delirium, head trauma, brain injury, hypoglycemia or emotional disorders;
- has an active drug or alcohol addiction or is coming down from a “high”;
- is overly tired or overly stimulated;
- cannot communicate clearly and is frustrated;
- appears excessively tense and/or anxious;
- appears unsettled, confused, disoriented or fearful;
- speaks in a loud or aggressive tone or uses profane language;
- has an aggressive physical stance; and/or
- is being placed in restraints.

Environmental factors also affect the potential for abuse. These include:

- inflexible institutional rules and policies — such as strict times for bathing or meals;
- inadequate staffing;

- restrictions on clients' activities — seclusion, use of chemical or physical restraints;
- history of domestic violence or illegal drug or excessive alcohol use in the client's home;
- neighbourhoods with which you are unfamiliar or high crime areas;
- loud noise — banging doors, people shouting, PA announcements;
- poorly lit areas, isolated hallways, unlocked empty rooms — where a client may surprise you or you may surprise a client;
- busy or high activity times of the day;
- lack of personal space for clients — lack of respect for a client's privacy during bathing or intimate care;
- workplaces that lack policies or programs aimed at the prevention and reduction of the incidence and impact of violence; and/or
- socio-economic factors (e.g., poverty).

Staff characteristics are also risk factors for the abuse of nurses. Nurses may be more likely to be abused if they are:

- unaware of how to anticipate and manage abusive incidents;
- perceived by the client as using a threatening tone of voice or body language (e.g., speaking too loudly, standing too close, arms crossed, moving objects forcefully);
- perceived by clients to be not listening or not offering choice;
- in conflict with other staff members;
- working alone or isolated from other workers;
- experiencing a high level of work stress, workload or work pace; and/or
- of an identifiably different culture from the client (e.g., race, religion, sexual orientation).

Exercises

1. Write the key details of a situation in your practice in which you, or a colleague, were, or could have been, abused.

2. What were the warning signs that could have helped you predict the incident?

3. Consider the risk factors in your practice setting for abuse of nurses. Which one of these risk factors can you change?

4. What resources do you need to change this risk factor (e.g., people, materials)?

5. What is your first step in changing this risk factor?

Wrap-Up

This module reviewed the issue of abuse of nurses and provided some practical advice on its prevention and management. The key elements in preventing and managing abuse are anticipating, assessing the situation, planning the intervention, and reporting the incident. Dealing effectively with nurse abuse is an important element in reducing all types of abuse in health care environments and enhancing the quality of care provided to clients.

Reflect on your learning in this section, if you don't feel you have met your personal learning needs review the module again. Alternately, seek additional resources, talk to a colleague about your issues or call a College practice consultant at 416 928-0900 or toll-free in Ontario at 1 800 387-5526 to discuss the matter.

In the College's *Therapeutic Nurse-Client Relationship, Revised 2006*, practice standard, there is a decision tree that can help you work through a personal situation to determine whether a particular activity or behaviour is appropriate within the context of the nurse-client relationship. The decision tree should be used while considering all components of the nurse-client relationship and behavioural expectations contained within the document.

Introduction

In reviewing the following scenarios consider all the factors that may have impacted on the nurses' actions. Each of the scenarios is followed by questions and a discussion of the issues involved.

Learning Goals

- 1) Apply principles of the therapeutic nurse-client relationship to address abuse in practice situations.
- 2) Practice developing your own strategies to prevent and respond to abuse.
- 3) Use the knowledge you have gained from the other modules.

Case Study #1 — Mr. Will

Part 1: Sara's Story

It has been a very busy night for Sara, a nurse on the short-stay surgical unit. As her shift comes to an end, it seems to Sara that, again short staffed, she and the other nurses have been running for 12 hours just trying to keep up. Now it's almost the end of her shift and she hasn't even started her charting. Adding to the pressure, she knows that her husband is waiting for her to come home to look after the kids so he can leave for work. Just as she sits down to start charting, a call bell goes off for the umpteenth time that shift. Checking the display she sees that it is Mr. Will's room. She knows that Mr. Will, in for an anal fistulotomy, is second day post-op. She wonders why he is ringing, as his chart indicates he is an uncomplicated recovery, he slept well and had not had any complaints during her shift.

Grabbing Mr. Will's chart, she arrives at his room to discover he is in the bathroom. She opens the door to find Mr. Will sitting on the toilet. Surprised by the strong odour in the bathroom she steps back and asks what he wants. She is annoyed to discover he is concerned that his packing is trailing from his wound into his feces in the toilet bowl. He asks her for assistance.

Angry with him for calling her with what she perceives as such a minor problem, Sara slams the chart down, mumbles to Mr. Will that now she will be late getting home and walks away to find scissors. Returning a few minutes later, she assists Mr. Will off the toilet and back to bed. She settles him in bed, places a sterile gauze pad over the remaining packing, tells him the day shift will do his dressing and promptly leaves his room to go back to her charting.

1. How would you rate Sara's interaction with Mr. Will — not abusive, mildly abusive, moderately abusive or highly abusive?

2. What do you think of Sara's interaction with Mr. Will?

3. In your opinion, did Mr. Will have a problem that required a nurse? Why or why not?

4. What factors do you think are influencing Sara's behaviour?

5. Would you have acted the same as Sara or differently? Why or why not?

Part 2: Mr. Will's Story

Mr. Will woke with a start. He was groggy from the after-effects of his systemic infection, his surgery and the pain control medication. The stool softener/laxative he had been given the night before had been effective and he felt by an urgent need to have a bowel movement.

He remembered that his surgeon had told him that he could have bowel movements if he removed his outer dressing first. The urge to have a movement was so strong that he knew if he waited for a nurse to arrive he would have an "accident" in his bed. He got out of bed and, IV pole in hand, made his way to the bathroom. He pulled off the outer dressing and quickly sat down on the toilet. His bowel movement was immediate, explosive and, to his dismay, very odiferous.

When he was finished, Mr. Will realised that he had no idea where his wound actually was in relation to his anus. He was unsure of how to wipe himself without getting feces in his wound. Looking down into the bowl he realised with horror that his packing was actually hanging down, from his wound, into his feces. Fearful of infection from his feces and mindful of how painful the removal of the packing had been during dressing changes, Mr. Will became increasingly anxious. Frightened to wipe himself and uncertain what to do, Mr. Will rang for the nurse.

When Sara came to the bathroom door, Mr. Will noted her displeased facial expression and that she stepped back. He picked up on the impatience in her voice and was struck by the curtness of her question: "What do you want?" Embarrassed by the smell, feeling helpless and sheepish at sitting on the toilet talking to a woman that he had only seen once the night before, Mr. Will tried to explain his predicament.

He wanted to say to her that it wasn't his fault, that he had tried to save the nurse time by getting himself into the bathroom rather than taking a chance on soiling the bed. However, he sensed her rising anger and frustration and thought if he said anything she might be rough with him or walk away. Wanting to appease her, he softly said: "I'm sorry." He was extremely upset when she left to get the scissors without saying a word.

Returned to his bed, Mr. Will was upset further when she appeared to ignore him as he expressed his

concern about his packing, put a gauze pad on with some tape and promptly left the room telling him that “the day shift will change your dressing.” He lay there, feeling belittled, frightened to move, and worried about what would happen if he needed that nurse again or had another uncontrollable bowel movement.

1. Did reading Mr. Will’s perspective change your reaction to the Sara’s story? Why or why not?

2. What could Sara have done differently?

3. Could Mr. Will have done anything differently?

4. In the scenario outcome, what is the responsibility of ...

a) the client?

b) the nurse?

c) the organization?

5. How do you think Mr. Will might interact with the nurses during the remainder of his hospital stay?

6. Can you think of a situation when you or a colleague may have “missed the clues” and acted similarly to Sara?

7. Describe three strategies you might use to avoid such situations?

1. _____
2. _____
3. _____

Discussion

In this case the nurse’s own personal concerns have interfered with the therapeutic nature of her interactions with her client. Tired after a very busy 12-hour shift, angry about being short-staffed yet again, and worried about getting home she is a perfect candidate for stepping over the line from therapeutic relationship to client abuse. When she answers the client’s call bell her primary concern is getting home. The client’s needs are an obstacle to the fulfilment of her very real personal needs.

She has made a pre-judgement that the client should not need her as he is an uncomplicated anal fistulotomy and thus is annoyed that he is ringing for assistance. When he asks for assistance, the nurse fails to elicit any information from him and assumes that he could easily have waited until after change of shift to have a bowel movement. She also assumes that the client knows about change of shift routines in a hospital.

In her annoyance, the nurse fails to recognize that, without scissors to cut the packing tape, the client is left with the choice of pulling the rest of the packing out (a painful process for him) or getting up from the toilet and having the feces from the toilet bowl get on his legs. **A minor problem to her is a major problem to the client.**

When she slams the chart down and reveals that she will be late getting home, she has made the client responsible for her well-being. The client has become a bother to her, and she reinforces this message with her subsequent behaviour when settling him back into bed.

In this scenario, the nurse has broken all of the components of the therapeutic relationship:

Trust: *The client is vulnerable and needs the nurse. By failing to recognize this, she has broken trust.*

Respect: *The smell of the clients’ bowel movement was strong. To most people in our culture this is often considered embarrassing. When she steps back from the client and fails to address the issue by putting him at ease, she has failed to respect the client. Also, she did not respect the client enough to listen to his perspective.*

Professional intimacy: *The client required assistance from the nurse in relation to an intimate body function, one he is accustomed to doing independently. He did not want to bother the nurse and was very embarrassed by the situation. By her negative reaction and reluctance to help, the nurse did not support the client.*

Power: *The client is dependent on the nurse for assistance and advice. By failing to inform him of strategies for the future (leaving the outer dressing on as it does not interfere with having a bowel movement), by leaving him helpless on the toilet while she goes for scissors, and by failing to reassure him as she settles him back to bed, Sara has misused her power.*

Empathy: *The client was embarrassed by the situation and required the nurse to assist him. The nurse did not show or express understanding of the client's health care experience when he spoke of his concerns. The nurse failed to empathize with the client's concerns and to the client's overall situation.*

In addition to the nurse's behaviour, the on-going shortage of staff fuelled the situation. This shortage placed undue stress on the nurse and limited her ability to provide quality care to clients. In the future, the nurse could work with her colleagues to draw attention to the issue and advocate with her employer to ensure appropriate staffing. Quality practice settings, which include appropriate staff for the clients' care needs, contribute to excellent nursing practice and better client outcomes.

In doing this exercise, if you responded to the question about what Mr. Will could do differently with suggestions for changes he could have made, you failed to recognize the issue of power and knowledge. In this client care situation, Mr. Will is entitled to be in a state of dependency. He did not need to make an adjustment, but rather the nurse did. It is the nurse's responsibility to assist him in making the transition from dependence to independence.

Now that you have completed the detailed study of this case take a few minutes to reflect on the case. You may not have experienced a similar situation or observed one involving another nurse. However, can you think of any strategies a nurse might use to avoid the potential for abuse inherent in the type of situation depicted in this case? If you were to observe a nurse behaving as Sara did with Mr. Will, how could you help your colleague deal with the situation differently?

Case Study #2 — John

John, a 27-year-old with a history of bipolar affective disorder, had been verbally and physically abusive on admission. He gradually began responding to medication several weeks after admission and was able to control his negative behaviour, as long as there were no “surprises.” He has been looking forward to his first weekend pass home with his parents, and has been highly motivated to ensure that his behaviour remains stable enough not to jeopardize this pass. He is scheduled to begin his pass after noon today.

John is somewhat anxious to go home. He has approached the nurses a number of times throughout the morning asking when he can leave. The nurses have told him he must wait until noon when his parents arrive. In the meantime, staff try, unsuccessfully, to get John’s weekend medications from the pharmacy. The nurses know John cannot leave without his medications, but no one has told this to John.

At exactly 12 noon, John’s parents arrive and John comes to the nursing station to say “good-bye.” A nurse tells John he cannot leave because his medications are not yet ready. She suggests John busy himself with a game of pool with other clients until the medications arrive. John complies, but within 15 minutes he is back at the nursing station asking for his medications.

Another nurse tells John that his medications are still not ready. John becomes more anxious and says, “I want to go home now!” The nurse suggests that he is becoming upset and offers him some medication to remain calm. John shouts, “I don’t want any more medication... I just want to go home!” The nurse replies, “There’s no need to shout. You can’t go until your weekend medication is ready. You’ll just have to wait.” John goes to his room and slams the door.

Meanwhile, the nurse who just spoke to John, informs his parents that there has been a delay in John’s medications. She suggests that they go for a coffee and return in about a half-hour. The parents do so.

John emerges from his room, looking for his parents. When he does not see them, he grows even more anxious. He believes they have left without him. He also sees other clients leaving on their weekend passes. He searches for his nurse, but is told she has gone for lunch. John now becomes angry and pushes some of the lounge chairs about. A nurse comes out of the nursing station and tells him to take a time out in his room. John becomes even angrier, shouting, “I was just in my room. I don’t want time out. I just want to go home! Don’t any of you understand that!” The nurse replies, “I understand, but we’re waiting for your medication.”

John picks up a chair and knocks it over. He shouts, “I want my medication right now! You people don’t care! I’m just another mental case to you!” He then starts kicking furniture and cursing the nursing staff. Due to his escalating behaviour, a Code White (disturbed patient) is called. When assistance arrives, John becomes combative, but is quickly subdued by the response team. He continues to shout, “I want to go home! Let me go!” John is returned to his room. An order for chemical and mechanical restraints is given. John is restrained and medication administered. The nurses leave the room and tell John to “stop struggling and let the medication help you relax.” John spits at the nurses as they leave. John’s weekend pass is cancelled.

1. How do you feel about the way the nursing staff dealt with John?

2. How could the nurses have acted differently in this situation?

3. Could a different outcome have been possible? How?

4. If you observed this happening, how could you have helped your colleagues deal with the situation more effectively?

Discussion

Because of John's particular needs, it was important that everything went smoothly. While all the nurses were busy, one nurse could have pressed the pharmacy to hurry with the meds or tried to find someone to go and get them. The nurse could have also given John the information that there was a delay in the pharmacy and when his medications were expected to arrive.

After the situation developed, the nurse needed to help John find other ways to deal with his anxiety. There was no effort to work with John or spend time talking him down. The nurse was too directive in telling him to play pool instead of addressing his concerns. By spending a few minutes with John, the nurse might have saved a great deal of time in the end and kept John under control. As well, she could also have enlisted the assistance of the parents rather than sending them away.

In these scenarios, the nurse has broken four of the components of the therapeutic relationship:

Trust: *John trusts the nurses to provide quality care and to understand his anxiety. He also trusts the nurses to treat him with dignity and to help him control his inappropriate behaviour. The nurses in this example abused the trust in the relationship by not providing John with relevant information and by not appropriately intervening before he escalated out of control.*

Respect: *No one asked John or planned with him ahead of time how he would deal with such a frustrating delay. Similarly, the nurses did not consider his perspective and continued to be directive with John. This demonstrated a lack of respect for him.*

Power: *The nurses had control over John leaving the unit and contacting the pharmacy. They abused their power by not dealing with the delay in his medications and not working with John to find a solution that would be satisfactory for him. The situation did not have to escalate.*

Empathy: *John was excited to go home with his parents on his first weekend pass. The nurses did not express an understanding or validation of John's feelings; therefore, they were not able to ensure objectivity and provide an appropriate professional response.*

Case Study #3 — Shirley

Shirley was providing private nursing care to a severely handicapped and incompetent young man, Kevin, in his family's home. On her first day caring for the client, the family briefly showed Shirley around the apartment and then left. The family's apartment was not air-conditioned and it was an extremely hot day. Despite the heat, the family had dressed Kevin in heavy clothing. He was flushed, sweating profusely, and pulling at his clothes. To help him cool down, Shirley decided to change Kevin's clothing and take him across the street to the park to sit in the shade until his family returned.

Shirley searched for a pair of shorts and a T-shirt for Kevin but could not find any. Not knowing what to do, she decided to take off his heavy clothes, place a towel over his waist, and cover him with a sheet. She then took him to the park.

When Shirley returned with Kevin, the family was livid with her. They accused her of purposely humiliating their son and exposing him to ridicule. They said that her actions gave them the impression that they were not caring for Kevin adequately. They began yelling at Shirley who attempted to explain her decisions. Kevin's mother showed Shirley that there were, indeed, shorts for Kevin in a place Shirley had not looked and threw several pairs at the nurse. Kevin's father began using racial slurs toward Shirley and attempted to strike her. The family said that because they were paying for the nursing care, they could treat her any way they wanted. Initially, Shirley tried to explain that their behaviour was inappropriate, but when they told her to not come back, she took the opportunity to leave.

Shirley immediately notified her manager, as did the family. This was not the first time the family had threatened or intimidated a nurse. Because it had happened in the past, the manager was already preparing to meet with the family to discuss what had occurred and how the family's behaviour needed to change if the agency was to continue services.

1. How would you have cared for Kevin, if faced with a similar client situation?

2. What could Shirley have done to prevent the situation from escalating when the family returned?

3. Was Shirley right to leave when she did? Why?

4. What responsibility does the employer have in this situation?

Discussion

This was a very difficult situation. Shirley was correct to leave when she was threatened with physical violence and racial slurs. By leaving at that time she prevented the situation from escalating further. She was also correct to involve her employer, who needed to take a number of steps to correct the situation.

However, Shirley needed to do an initial assessment involving Kevin and the family, to establish a care plan. The care plan may include methods of communication with non-verbal clients or phone numbers for those with knowledge of Kevin's situation.

The care plan needs to address the role of the nurse in caring for Kevin. What was the nurse supposed to be doing with the client? Did Shirley have an orientation to the apartment and Kevin's belongings before the family left. Was Shirley aware of the family's concern for respect and dignity of their son? The care plan also needs to address these needs of the family.

The care plan needs to indicate the manner to be used in communicating with the family. The nurses need to listen carefully and explore unusual comments or behaviours. If abusive threats or racist comments are made, the care plan needs to suggest that the nurse leave the home saying why she is leaving in a firm and respectful manner.

When Shirley first arrived and noticed how Kevin was dressed she needed to ask the family why he was in heavy clothing. There may have been, in their minds, a logical reason for dressing him that way. A respectful nurse would have explored the purpose of the clothing and listened to the family reasoning. Shirley could at that time have done health teaching about hyperthermia and how Kevin's safety was jeopardised by clothing.

Shirley did not consider Kevin's dignity when she took him to the park draped in towels and a sheet. She also did not consider the reaction of the family when they found she had changed his clothes. When the family began expressing their concerns, Shirley made excuses and explanations, instead of listening and acknowledging the family's concerns. The more she explained the more angry the family became.

The employer needs to ensure that the nurses who provide care in this complex situation are highly skilled in interpersonal and communication techniques. The nurses also need to be skilled in developing care plans for complex situations dealing with social and behavioural issues.

The employer may wish to provide resources and education for the nurses related to prevention and management of aggressive behaviour. This can include recognition of potentially violent behaviour, preventative and de-escalation techniques, and methods for self-protection.

The employer needs to organize a care conference to establish the care plan, and to ensure that the family knows that they have certain obligations – to be polite and to refrain from abusive remarks and behaviours with the nurses. The plan of care needs to be changed as Kevin's care needs change. Both nurses and the family need to listen to one another. It may be that care will need to be done by two nurses or scheduled for a time when the husband, who was the most abusive, is not home.

Wrap-Up

Each of these case studies involved a different approach to the prevention of abuse, both of nurses and clients. By completing them you have practised how to make the transition from theory into practice. For future learning, consider the approaches used in these scenarios and use a similar format to analyze difficult situations in your practice setting.

Conclusion

Congratulations on completing this learning package! You have invested a lot of your time and energy in completing this program and you should be proud of your achievement. Anything worth learning is worth celebrating so reward yourself.

After completing this workbook, you will be better able to identify, prevent, and respond to all types of abuse. This will help you provide better quality care to clients, work more effectively with other members of the health care team, and feel more confident in managing difficult situations.

Preventing abuse is not, however, an individual effort. Share what you have learned with your colleagues and ask them to share their experiences in resolving difficult situations. Ensuring safe and effective client care is a cooperative effort that is successful when nurses:

- understand the elements of the therapeutic nurse-client relationship;
- establish and maintain boundaries of the relationship;
- are aware of the impact of the nursing role on clients' well-being;
- take action to deal with personal stress;
- use available resources to assist in caring for clients with challenging behaviours;
- intervene when they witness abuse or colleagues crossing the boundaries;
- report all incidents of abuse in the appropriate manner and to the appropriate person;
- advocate for the attributes of a quality practice setting; and
- reflect on their practice so that they will better understand themselves and the dynamics of client situations.

Take time now to repeat the self-reflective exercise set out on the following pages and compare it with your answers from the first section of this workbook. Can you identify any differences in your answers?

Self-Reflections

Exercise 1

Please take a few minutes to answer the questions below, basing your answers on your personal values and practice experience.

I think it is important to show clients and their families that I am in charge. Yes No

Sometimes there is no need for a care plan. Yes No

It is okay to spend off-duty time with a client. Yes No

At times it may be necessary to keep something a client has told me from the other members of the health care team. Yes No

When my colleagues behave inappropriately toward clients, I do not know how to deal with it. Yes No

When a client hurts me, I strike back or find I am rough with him or her. Yes No

Other members of the health care team do not understand some clients as well as I do. Yes No

It is important to make clients understand that the nurse really knows what is best for them. Yes No

A nurse may sometimes give a gift to a client. Yes No

Some of my clients are my friends. Yes No

Exercise 2

Completing these statements will help you to explore some of the values that you bring to interacting with clients.

1. Abuse of clients is ... _____

2. My role as a nurse is to ... _____

Conclusion

3. When I feel frustrated caring for a difficult client I ... _____

4. When I am stressed at work I usually ... _____

5. In my interactions with clients, I like myself most when I ... _____

6. If I heard that a health professional was sexually abusing a client I would ... _____

7. If I saw a colleague being rude to a client I would ... _____

8. One way I can avoid a situation which might be abusive to a client is ... _____

Appendix 1

College Research on the Abuse of Clients

Fact: The survey findings present a clear message that greater awareness of what is abuse = greater intervention by nurses to stop abuse = more effective abuse prevention.

As part of its continual efforts to help prevent the abuse of clients, the College collects information about abuse and abuse prevention in health care settings. Our major source of data is an independent telephone survey of Ontario nurses that asks them about their experiences with client abuse. The College has conducted three such surveys. These surveys involved a random sampling of 1,608 nurses in 1993, 1,000 nurses in 1997 and 1,027 nurses in 2005. The survey included RNs and RPNs. The College has no knowledge of the individuals selected or any possible features which could identify specific situations.

The surveys looked at identifying the number of nurses who had witnessed or heard about incidents of abuse of clients by nurses and the context around these situations. The survey inquired whether nurses had witnessed or heard about nine types of abuse:

- yelling or swearing;
- hitting or shoving;
- roughness;
- embarrassing or offensive comments;
- deliberately ignored care needs;
- sexual assault or harassment;
- taking something valuable from a patient (2005 only);
- abuse by a non-nurse health care provider; and/or
- other (open responses).

The questions about the context of the incident(s) included:

- frequency of abuse incidents witnessed;
- type of practice setting;
- gender, approximate age, mental and physical condition of the client;
- characteristics of the nurse involved (category, sex, age, years in practice);
- actions of observers or the client; and,
- outcome of the incident (e.g., report).

Overall Findings

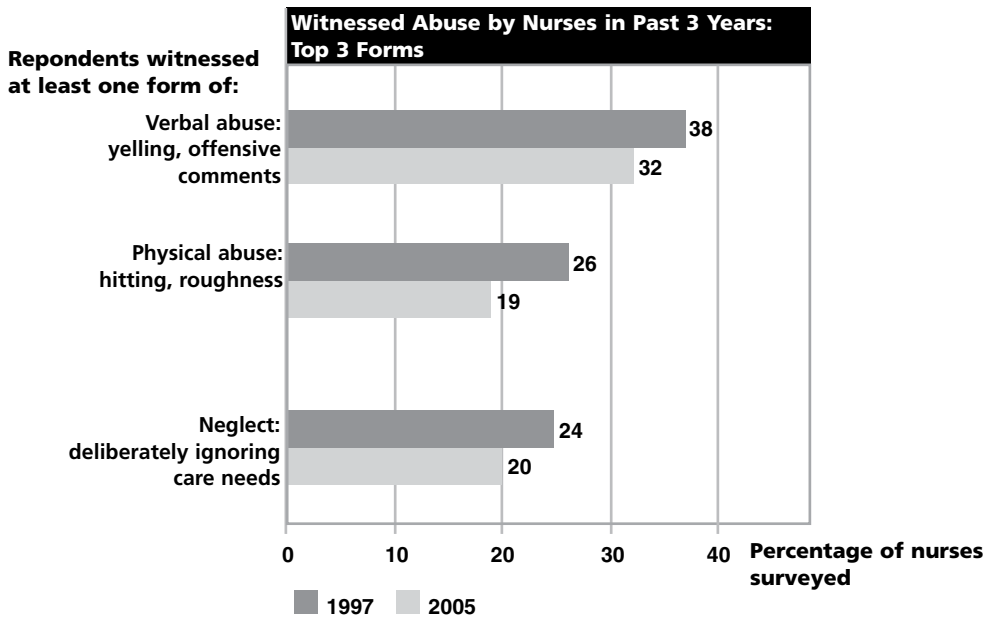
Nearly half of all nurses surveyed reported witnessing or hearing about client abuse by a nurse. From 1993 to 1997 there was a small increase in nurses seeing or hearing of abuse by other nurses. However, in 2005 there was a significant decline. In the 1997 survey, 48% of respondents reported witnessing abuse and 11% reported hearing about abuse. In 2005, fewer nurses had seen abuse (40%) or heard of abuse (9%) by other nurses.

Distribution of Types of Abuse Witnessed or Heard (2005 data)

| | |
|--|-----|
| Embarrassing or offensive comments | 29% |
| Yelling or swearing | 23% |
| Deliberately ignored care needs | 23% |
| Roughness | 21% |
| Abuse by a non-nurse health care provider. | 15% |
| Hitting or shoving | 5% |
| Other | 4% |
| Took something valuable | 3% |
| Sexual abuse. | 2% |

Top Three Forms of Abuse Witnessed by Nurses in Past Three Years: Comparison 1997 & 2005

The 2005 research showed a significant decrease in the proportion of nurses who witnessed verbal abuse, physical abuse and neglect over the past three years. Verbal abuse continues to be the most common type of abuse, followed by physical abuse and neglect. Verbal abuse includes “a nurse making comments about a patient which were embarrassing or offensive” and “a nurse yelled or swore at the patient.”



Note: Nurses who witnessed more than one form within a category of verbal or physical abuse measures are counted as one.

Setting

The highest awareness of abuse by nurses is at long-term care facilities (53%), followed by hospitals (43%), psychiatric hospitals (40%) and community settings (25%).

The table below shows data for various types of abuse over time by the respondents' place of employment.

Abuse By Nurses: Percentage of Nurses Who Witnessed Abuse in Past Three Years by Employment Setting

| | Hospital | | Long-Term Care | | Community | | Psychiatric Hospital | |
|---------------------------------|-----------|--------|----------------|--------|-----------|--------|----------------------|--------|
| | 1997 % | 2005 % | 1997 % | 2005 % | 1997 % | 2005 % | 1997 % | 2005 % |
| Verbal abuse | 54 | 47 | 77 | 58 | 35 | 25 | 66 | 52 |
| Physical abuse | 32 | 23 | 44 | 26 | 20 | 13 | 38 | 21 |
| Neglect (ignoring needs) | 24 | 21 | 35 | 28 | 17 | 15 | 26 | 22 |
| Sexual abuse | | 1 | | 2 | | 2 | | 1 |
| Financial abuse | N/A | 1 | N/A | 3 | N/A | 2 | N/A | 1 |
| Other | 5 | 3 | 12 | 7 | 8 | 4 | 7 | 6 |

Note: A 1997 percentage in bold indicates that it is significantly different from the 2005 figure.

There are significant differences by place of employment. Nurses in long-term care settings are more likely to state that other regulated professionals (13%) or unregulated health care workers (52%) are the abusers; those in psychiatric settings are more likely to name RPNs (41%); and those in hospitals to name RNs as the abusers (62%).

Actions of Abuse Observers

In the majority of abuse cases (63%) someone else saw the abuse take place. A third party saw the abuse and requested that the behaviour stop in 33% of these cases, while 24% said that the witness to the abuse did not ask that the behaviour stop, and 6% did not know if the abuser was asked to stop.

Did the abuse stop when someone intervened? The results show that observers are increasingly effective in getting the behaviour to stop. In 2005, 88% of those who said the observer asked the abuser to stop say the abuse stopped. The rate of effectiveness is significantly higher than it was in 1997 (78%). Observers are more successful than clients in getting the abuse to stop.

When abuse occurs, clients are not likely to speak up. Only 21% of clients spoke up about the abuse. However, most clients succeeded in halting the abuse once they spoke up.

Appendix 2

Suggested Readings on Client and Nurse Abuse

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