

- Winners of the ORNAC Allegiance Research Grant are Linda Socha, Principle Investigator, Marla Ewen and Alicia Ocharek Mattheis of the Royal University Hospital, Saskatoon doing a Study to Determine Patient Outcomes and Cost Comparisons with the Registered Nurse First Assistant [RNFA] Role.

- Hilda Powers of Halifax, the 1999 Allegiance Research winner presented her intraoperative study.

- Mary Knight, International Federation of Perioperative Nurses, (IFPN) Executive Board Member, is about to complete her term as an elected Full Board Member. IFPN continues to grow and evolve.

- Editorial Advisory Committee, under the guidance of Chair, Kim McLennan-Robbins, has undertaken the task of finding a new publisher for the Canadian Operating Room Nursing Journal. Ron and Agnes Forster of Health Media Inc. made a gift of the Journal to ORNAC. We thank you for the opportunity to publish the journal in future, and for your 19 years of service to ORNAC.

- Plans for the 18th National ORNAC Conference are well underway. Winnipeg is the destination, June the month, and 2003 the year.

- Montreal, June, 2005 refers to the 19th National ORNAC Conference.

- ORNAC has received two business proposals for the historic 20th National Conference, in 2007. Where to go? Vancouver or Banff? The decision will be made this fall.

- We had panoramic vistas, mountains of education, an array of exhibits laughter, fun, food, frolic, networking, renewing of old acquaintances, and leadership. Thank you to our Alberta hosts for a Conference not soon forgotten.

- Please join us in Winnipeg, 2003 and help us "Planting Ideas - Reaping Rewards" - the theme of the next National Conference.

- Visit our website www.ornac.ca for new and more detailed information on ORNAC activities. We now have a discussion forum for you to pose questions to other perioperative nurses. Please visit and comment. □

Quebec's RNFA's recognized in the Medical Act

The Regulation respecting the acts contemplated in section 31 of the Quebec Medical Act specifying which acts may be performed by classes of persons other than physicians is amended at section 1.01 by adding, after paragraph r, the following:

"s) **"nurse first surgical assistant"**: a nurse having a minimum of three years experience in an operating room, one year of which being in the concerned surgical discipline. Furthermore,

i. he or she is the holder of a baccalaureate in nursing sciences issued by a Quebec university, or he or she has completed at least 60 credits in nursing sciences in the course of a program of university studies other than the program leading to the certificate mentioned in subparagraph ii;

ii. he or she is the holder of a certificate in perioperative nursing care issued by the University of Quebec in Trois-Rivieres;

iii. he or she is the holder, since less than one year, of an attestation confirming the successful results of training in cardio pulmonary resuscitation issued, either by an establishment or an instructor recognized by the Heart and Stroke Foundation of Quebec, either by an establishment affiliated to a Quebec faculty of medicine. □



Purchase the 4th edition 1998

ORNAC

**Recommended Standards
for Perioperative Nursing Practice**
• Professional • Clinical Standards and
• Competencies of an Operating Room Nurse
as established by the Operating Room Nurses
Association of Canada

Cost \$34 plus shipping & handling

@ \$40ea (includes shipping & handling)

Cheques or money orders should be made

payable to **CSA International** indicating:

ENGLISH - ID # 955 FRANÇAIS - ID # 9556

Direct your orders and payment to:

CSA International

178 Rexdale Boulevard, Toronto, ON M9W 1R3

Fax: (416) 747 - 2510 or For more information:

Call CSA at

1-800-463-6727

Visit CSA's website at

www.csa-international.org

Dealing With Difficult People

By Sharon Keenan-Hayes, BScN, RN, CPMHN(C)

Dealing with difficult people is an art form - not one that necessarily belongs in the health care forum, yet present every day. In order to understand the broader topic, I would like to break down the information into two topics: I. Prevention and Management of Aggressive Behaviour, and II. Difficult People, The Challenge.

I. Prevention and Management of Aggressive Behaviour

First, a definition of terms:

Aggressive Behaviour is "The violation of one person by another through intimidating behaviour, physical attack, and/or coarse and insulting language. This behaviour may be precipitated by feelings of fear, rejection, inferiority, grief, intrusion of personal space or an unknown cause."

Assertiveness: The standing up for one's rights in a non aggressive manner

Aggression: The acting out of hostile impulses in a violent or destructive manner. This occurs in response to a real or perceived threat and may be related to feelings of anger or fear, to suicidal or homicidal ideations, to a psychotic process, dementia or personality disorder. Aggressive behaviour may develop gradually or occur suddenly and it may involve significant danger to staff and others

Assault: The unprovoked acting out of hostile impulses causing physical or emotional injury to others. An assault may be committed without actually touching, or striking, or doing bodily harm to the person of another

Abuse: An act of aggression between two people who have an established relationship, (Schultz, J.M. and Dark, S.L, 1980). The terms "Nurse Abuse" and "Patient Abuse" can be more easily understood when taken in this context. In other words, aggressive be-

haviour between a nurse and a patient or a nurse and fellow team member is, in fact, abusive because there is a relationship defining the two roles.

In an article in the Nursing Magazine, "Reflections", published in the third quarter of 1999, the President's Message states: "Nurses care for victims of violence, perpetrators and witnesses to violent acts. The experience of nurses who care for those affected by the violence . . . points out the pervasive nature of violence. In addition, nurses themselves are at risk for violence in their personal lives, in their communities and, unfortunately, in their place of work. Violence in nursing is seldom discussed, and if it is, it is in hushed tones and with a 'thank goodness it's not me' sentiment. . . . No longer will we sit idly by while nurses suffer indignities, from bullying to outright assault. The value of human life is inestimable, and those who serve others, such as nurses, must be protected from attack and shielded from abuse. This is the only way we can go on serving, helping, and healing. . . . No longer should any nurse accept abuse by word or action from another. Abuse, verbal or physical, is an attempt to control others. It is insidious and, if left uncontested, it escalates.

Intimidation becomes humiliation, degradation, and harassment and leads to accusing and blaming. Fear of physical harm or isolation allows the abuse to continue. And when one is abused, others are controlled as well. Nurses can and must stand up to verbal abuse and, more importantly, must insist on being

Author

Sharon Keenan-Hayes, BScN, RN, CPMHN(C), is a staff nurse on the inpatient psychiatric unit of Queensway-Carlton Hospital, Ottawa. She is an instructor at Algonquin College and a clinical professor in Psychiatry for 3rd year BScN students (psychiatry), University of Ottawa. This article is based on her presentation last year to the Ottawa Regional Operating Room Nurses Association.

safe from physical harm in the workplace. Although absolute security cannot be assured, working conditions in health care must provide adequate protection for nurses and other employees as well as patients and their families. Basic to recruiting and retaining the next generation of nurses is a safe work environment. Nurses care for and about others. It's why you are a nurse. We are courageous, but we don't have to suffer indignities or harm to do our jobs. All we need is respect for our professional work and to be safe. It's little enough to ask," (Sullivan, 1999).

I think this is a very profound, clear, and succinct statement about the risks nurses are facing today in their daily practice. As abusive and aggressive behaviour are accepted more as the norm rather than the exception in our society, caring for patients and their families becomes more and more of a challenge. Violence exists on a continuum from verbal abuse to physical assault to homicide. The escalation can occur quickly. Most workplace assault can be prevented when action is taken early!

I would like to list risk factors which may indicate a propensity to aggressive behaviour. It is, by no means, a complete or exclusive list. This material and much of what I will present throughout this talk is a compilation of courses I have taken and from my 30 years of experience as a psychiatric nurse.

Risk Factors For Aggression

Risk factors for aggression:

- Young males;
- Low socio-economic status;
- Active psychotic symptoms;
- Medication noncompliance;
- Substance abuse - use of alcohol or addictive drugs;
- Personality disorders;
- Financial and interpersonal dependence on caregivers;
- Previous criminal activity;
- Prior history of aggressive behaviour;
- History of family violence;
- Weapons availability; and,
- Social isolation.

In my opinion, the two most powerful indicators are 'substance abuse' and 'prior history of aggressive behaviour.' Some drug seeking individuals will do "anything" to get medication. And once aggressive behaviour is tolerated within a medical environment, it is almost certain to happen again. Social isolation presents an interesting challenge and is sometimes

hard to understand when it is included in this list. To help illustrate what I mean by social isolation as a risk factor for aggression, I like to tell the story of the well meaning neighbour. The story goes like this: Mr. Jones is an 80 year old widower who has lived on his own for the 10 years since his dear wife died. He has had the same neighbours for 9 of those 10 years. Recently, a new family moved in next door. This new neighbour tried to have a friendly conversation with Mr. Jones over the back fence - kind of like the neighbour in the Tim the Tool Man TV show. Mr. Jones, never having had a conversation with his previous neighbour, shunned these efforts and made it clear by his body language that he did not want to have **that** kind of a relationship with this new neighbour. Guess what? The new neighbour is a nurse and notices a series of scabs on Mr. Jones' face. She makes a caring call to the Public Health Nurse in the neighbourhood and asks if someone could look in on Mr. Jones. Next day, a lovely public health nurse rings Mr. Jones' door bell, the door is opened reluctantly, and Mr. Jones hits the nurse over the head with his cane, indicating loudly that he wants nothing to do with the nurse or the neighbour. A long narrative, but you get the message.

Now, a discussion on the criteria for assessing aggressive behaviour. Risk factors are good things to know but how do we observe behaviour and know that an aggressive incident may be right around the corner?

Indicators for Assessing Aggressive Behaviour

- increase in motor agitation,
- threatening verbalization or gestures toward real or imagined objects, and
- intensification of affect (i.e. the outward manifestation of a mood).

The person may be ringing their hands at the Emergency desk or at the reception desk of the OR suite, speaking in a loud and strident manner. Their eyes may be bulging and/or staring. Their language may be coarse and insistent. The list can go on and on. Above all, listen to your gut. If you feel uneasy about any of the above behaviours, trust yourself and put safety protocols into motion.

Prevention of Aggressive Behaviour

- project calm
- move and speak quietly and confidently
- take care with health instruments that can be used as weapons: stethoscope around the neck, scissors in the pocket

- increase knowledge of aggressive behaviour assessment and techniques to deal with an episode
- attend Code White inservices
- take threats seriously and report them
- report suspicious individuals immediately
- voice safety concerns and suggestions to appropriate staff (i.e., unsafe work areas due to inadequate lighting)
- ask all patients receiving any treatment to wear a hospital gown.

The risk factors and indicators are very interesting but What Do I Do When This Actually Happens To Me? The following are lists of Do and Don't Behaviours which will help you manage an aggressive incident in a safe and efficient manner. The goals for this management are: (i) safety of the patient/family member/team member causing the disturbance, (ii) safety for yourself, and (iii) diffusion of the incident.

Do

- Intervene as soon as you notice agitation at the outset, ascertain where your nearest exit is and move in that direction (the person causing the disturbance will not notice your moving).
- Remove dangerous objects if you can do so without drawing attention ie letter opener into the desk, water pitcher off the nursing station counter
- Decrease stimuli, such as noise.
- Note anything you can use to protect yourself i.e., a chair, cushion or clip board.
- Speak in a normal tone, using normal speed and volume (despite your racing heart and mushy brain)
- Listen. Try to hear the message and respond to it.
- Ask "what is wrong?" - this forces the individual to slow down, think and communicate.
- Be reassuring and suggest positive choices.
- Be flexible - if the individual has a point or negotiates a solution, consider it.
- Acknowledge the individual's right to his/her viewpoint.
- Give personal space.
- If you are part of the problem acknowledge it.
- Remain firm but not aggressive.
- Stay honest - say you are frightened if you are.
- Make use of the Golden Rule - do not express apathy, condescension or be misleading.
- Remember that no matter how hard you try, the aggressive behaviour may persist and escalate.

Don't

- Get too close.
- Put hands in pockets or behind your back.
- Get backed into a corner or wall.
- Argue. Keep the conversation clear and simple.
- Belittle or dare.
- Reject all of the individual's demands from the start of the confrontation.
- Make threats you can't enforce.
- Use physical intervention on your own.
- Blame yourself if you've done everything possible and the individual becomes violent.

II. Difficult People: The Challenge

There are two types of difficult people that nurses find in the course of their clinical practice. The information in the following is based on Robert R. Bramson's book *Coping with Difficult People*. I have chosen two categories which he highlights under the broader topic of The Hostile Attackers: Sherman Tanks and Unpredictable Exploders. I encourage all nurses to read this exceptional little book. It will help in dealing with the difficult people in every area of our life, be it the co-worker or the supermarket clerk. There are two things to remember when you interact with the Difficult People in your life:

1.) Anger, itself, is not the problem. Anger is a feeling which can be used very positively to accomplish many things. The problem is the way in which it is expressed - in other words, the behaviour not the feeling.

2.) The problem for you, as the recipient of the anger, depends on the meaning you ascribe to the expressed anger. You need to emerge from an angry encounter the same person you were when you entered. You cannot allow the angry person to "take" anything away from you as a person during the interaction.

The Sherman Tank

The Sherman Tank is so called because after an interaction with this type of person, you literally feel like you have been run over by "a Sherman Tank."

Behaviour:

- Shermans attack.
- They criticize in an arrogant voice and manner.

- They are abusive, abrupt, intimidating and overwhelming.
- They don't only criticize your words or behaviour, but they criticize you, the person.
- They consider their victims to be inferior people worthy of contempt and abuse.
- Some attack crudely and in an obvious way.
- Others attack more insidiously, diminishing their victim's self esteem, bit by bit, until he or she gives in simply to survive.

Smooth Sherman Tanks often attain positions of authority and power, because they are skilled at the attack as well as the follow through, they have a great deal of power in interpersonal situations.

Response: They win because they produce in their victims: - Confusion - Mental or Physical Fight, Flight or Fear.

The more confusion and chaos the Sherman Tank causes in the victim, the more he or she pushes.

Underlying Issues: Their abrasive nature insulates them from feedback and criticism Their strength is gained from pulverizing others. They need to prove themselves right. They need to feel power in a powerless situation.

How To Deal With The Sherman Tank

1) Stand up for yourself

Speak to the TANK. Don't allow them to feel they have intimidated you into silence. This defuses their first line of attack.

2) Let the Tank run down

This takes time. Hold your position.

3) Get in. Find an opening

If you wait till they finish a sentence, you could wait a long time. Interrupt. State your case. Don't let the Tank interrupt you.

4) Get their attention

Call them by name. Use a straight forward tone of voice. Stand up or have the Tank sit down. Drop a pencil. Look into the eyes of the Tank.

5) Speak from your point of view

Use self assertive phrases like, "In my opinion", "Perhaps that is your point of view, but I have another one based on my experience".

6) Do Not Fight

You may lose the battle.

You may win the battle but lose the war.

7) Be prepared to make up

If the Tank has been stood up to, but not personally defeated, they will respect you and may make friendly overtures towards you. If you are not ready or prepared for this to happen you may react with anger which will impede a productive and valuable future relationship.

The Unpredictable Exploder

Behaviour: They appear calm and cool on the outside, then are sparked by an event (significant or not). They throw temper tantrums. They yell, cry, insult, threaten, blame. Their surprise attacks reduce you to silence, passivity, and inertia. Your fear allows them to manipulate you. They are irritable, touchy, mean and terrifying.

Underlying Issues: A temper tantrum is a response to deep threat or frustration. Hostile, angry outbursts are automatic responses. The actual trigger may be unrelated to the behaviour.

How To Deal With The Unpredictable Exploder

1) Let them run down

Like a hot air balloon, let them run out of air. Exploders will suddenly become silent or burst into tears. Get their attention. Stand up. Shout their name. Do something.

2) Indicate they have your attention

Let them know you have the same interest as they do in the subject at hand, but you would like to talk to them in a more calm, controlled manner. You may have to repeat your intentions several times, loudly.

3) De-escalate the emotion

Some exploders just want to explode and could care less about problem solving. Their explosions keep people away from them, so they don't have the responsibility of being a change agent. Suggest a time out. Exploders get everyone's gut in an uproar. A time out allows the problem solvers, as well as the Exploder, to calm down, compose themselves and regain some measure of rationality.

Other Tips To Deal Effectively With An Angry Person

Know and understand your own response to anger. Anticipate ineffective responses you might be inclined to give.

Remember, the angry person may be reacting from a position of hurt or unhappiness, not related to the precipitating incident. As soon as you show the angry person that you are interested in listening to his/her hurt, you are no longer, "the enemy."

Let the angry person talk. Allow the angry feeling to spill out and listen in a non judgmental manner.

Do not try to introduce logic or information to a person who is filled with strong emotion - at that moment he/she simply does not have the capacity to utilize it.

Accept his/her right to be angry and accept him/her as a person of worth, even though you may not agree with his/ her reasons for being angry. You must also allow the person the right to be wrong.

Show non-verbally that you are listening. Nod affirmatively, pay close attention, and **do not** crowd him/her. React calmly, but with clear meaning. If you are able to get an opening, say: "This is obviously very important to you. I want to hear all about it, but only when you calm down."

If you have been part of the problem, admit it fully and willingly. If you do not, no resolution is possible and the problem can only become more serious.

Preventing Burnout When Dealing With Difficult People

1) Stress management

Share your concerns with your peers, family and friends, and consult the nursing literature on stress management. If the concerns or stresses are serious, seek the counselling of professional stress managers.

Perioperative nursing conferences and nursing groups frequently deal with stress management as it is a universal problem. Don't go it alone. There is plenty of support available.

2) Healthy Living Lifestyle

Living a healthy lifestyle which includes proper nutrition, exercise and soul enhancing pleasures like family life, gardening, sports, travel, reading and numerous other hobbies and pastimes strengthens the body and spirit to deal with the stresses of life, especially professional life.

3) Recognition

It is very important to recognize that the issues of clients and other team members expressed in verbal and physical abuse or aggressive behaviours do not need to affect you personally. □

References

- Bramson, Robert M., *Coping with Difficult People*, Dell Publishing, New York, 1981.
- Schultz, J.M. and Dark, S.L., *Manual of Psychiatric Nursing Care Plans*. 2nd edition, Little, Brown and Company, 1980.
- Sullivan, Eleanor J., Nurses Take Issue with Workplace Violence. *Reflections*, Third Quarter 1999, pg 4.

Victoria, BC

DREAM OF LIVING
ON A BEAUTIFUL ISLAND IN THE PACIFIC?
now's your chance!

Advance your career in the Operating Room with the Capital Health Region (Royal Jubilee, Victoria General and Saanich Peninsula Hospitals). We have full-time and casual positions available. Opportunities exist to enhance your skills in the following areas:

- Neurosciences
- Microvascular Reconstruction
- Trauma
- Orthopedics
- Cardiac
- other surgical specialties

The Capital Health Region (CHR) provides hospital, community, home, environmental and public health services including education and prevention, to the people living in the Capital Region. Approximately 2,300 square kilometres, the Region serves over 340,000 local residents in an area that stretches from the southern Gulf Islands to Port Renfrew. The CHR also provides tertiary services for all of Vancouver Island.

Please forward a résumé, quoting reference #423/ORJ, to: Human Resources Development, Capital Health Region, 1900 Fort Street, Victoria, BC V8R 1J8. Fax: 250.370.8570; email: jobs@caphealth.org; or call toll-free: 1.888.296.3963.

We would like to thank all candidates in advance for their interest. Only those candidates selected for an interview will be contacted.



Capital Health Region
Building Partnerships for Better Health

www.caphealth.org

M23193