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and  
AAsk a Practice  
Consultant

By Tammy Murdoch RN BN MN

**QUESTION:**

**W**E currently have a patient on my unit at work who is prone to violent outbursts. This individual is often verbally abusive to staff, threatening to report them to the College and has attempted to strike a colleague when he was performing an assessment. I am very frustrated with this situation and find myself avoiding this patient, providing only the basic requirements of care. Some of my colleagues have indicated they refuse to care for this individual. What is the best way to meet the needs of this patient while ensuring that I am not the recipient of the abuse/threats?

**ANSWER:**

**T**HIS is a difficult situation that requires the RN to strike a balance between providing safe, competent and ethical care while feeling safe and respected in their workplace. There are several dimensions to consider in this issue. Firstly, violence and/or abuse is unacceptable from anyone — be it at the hands of a healthcare provider or at the hands of a patient. It is imperative to ask, what the root cause of this obvious unrest in the patient is. Central to nursing practice is the therapeutic relationship between the nurse and the patient, which is based on mutual trust and respect. At times, when that sense of mutuality is lost or compromised, a patient can experience a real or perceived loss of control and an increased sense of vulnerability. Due to the fact that patients are often weakened by illness (physically and/or mentally), they may feel powerless in the healthcare environment. All of these factors can lead to aggressive and/or undesirable behaviour. The primary responsibility for creating a trusting and respectful relationship rests with the care provider as does the primary responsibility to try and repair a damaged relationship. As such, we advise you to reflect on this patient and their situation and perhaps have a conversation with them around their feelings and behaviours. This may lead to obvious and effective solutions.

The desire to avoid difficult patients is not uncommon, as interactions can make even the most basic of

tasks complicated and unpleasant. However, avoiding a patient or refusing to provide care can carry with it very serious consequences. As registered nurses, we uphold the ethical values and principles of our profession and practice everyday in accordance with the *Standards of Practice for Registered Nurses*. This includes Standard II: Competent Application of Knowledge, indicator #9 which speaks to using critical thinking to assess client status and respond to actual or potential health problems and planning nursing interventions with a client-centered focus. Standard II: Competence in Nursing Practice, indicator #13 addresses using critical thinking again in performing interventions safely and accurately, evaluating outcomes and modifying interventions according to evaluation. Standard IV: Communication and Collaboration, indicator #19 speaks to communicating and consulting not only with the team, but with the patient in the delivery of safe, competent and ethical care. We highlight these specific references because each can be seriously compromised when a nurse fails to deliver thorough care or refuses to provide care all together. As a result, patient safety is directly impacted.

Looking at the *Code of Ethics*, several ethical principles spring to mind that directly relate to this situation. This includes non-maleficence, which involves not depriving others of the goods of life (which includes the right to receive care); beneficence, which involves preventing harm from occurring or removing conditions that cause harm; and fidelity, which involves remaining faithful to our commitment to those who have entrusted themselves to us for care. Value A - Providing Safe, Compassionate, Competent and Ethical Care - includes an ethical responsibility statement that speaks to this issue: "Nurses work to prevent and minimize all forms of violence by anticipating and assessing the risk of violent situations and by collaborating with others to establish preventative measures. When violence cannot be anticipated or prevented, nurses take action to minimize risk to protect others and themselves" (p. 9).

As a self-regulating profession, anyone can file a complaint against a registered nurse at any time. This fact cannot be what dictates or guides practice. In fact, if a registered nurse has provided safe, competent and



ethical care in accordance with the practice expectations in the province of Manitoba, this will be evident upon review of the complaint. However, when a registered nurse does not meet the needs of the patient or changes the comprehensiveness of his/her practice because of a difficult situation or environment, they run the risk of no longer meeting the practice expectations which may then give merit to a complaint.

While we clearly have a responsibility to provide care, this does not mean we must be the recipient of abuse from our patients. The *Code of Ethics* talks specifically about quality practice environments which includes having the organizational and structural resources necessary to ensure safety, support and respect for all persons in the work setting. As such, it is a good idea to discuss this issue as a team and strategize for solutions — this may include bringing in outside resources depending on your area of practice i.e. social work, mental healthcare providers, patient's family, security etc. Your employer may have policies and procedures regarding violence that may also assist in determining strategies. Perhaps entering into a verbal or written contract with the patient where the patient understands that the healthcare team commits to providing him/her with excellent care and the

patient commits to receiving that care in a respectful manner may be another solution. It is more than fair to communicate to the patient that this behaviour is unacceptable and is not without consequence. However, the consequence cannot be that the patient is refused care or receives sub-standard care.

**References:**

Canadian Healthcare Association, Canadian Medical Association, Canadian Nurses Association & Catholic Health Association (1999). *Joint Statement on Preventing and Resolving Ethical Conflicts Involving Health Care Providers and Persons Receiving Care*. Ottawa: author.

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College of Registered Nurses of Manitoba (2004). *Standards of Practice for Registered Nurses*. Winnipeg: author.

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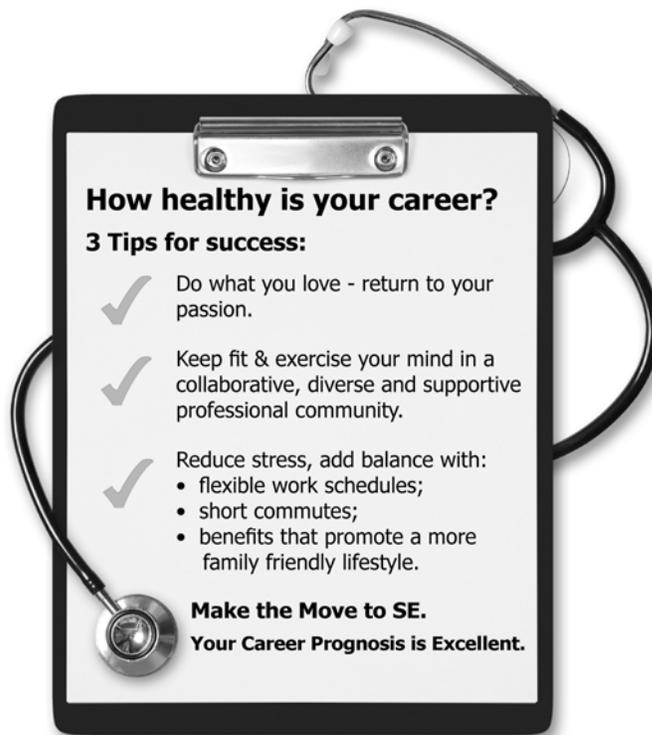



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