Tips for Dealing With Abusive Behaviors in the Dialysis Unit

Unfortunately it's become common for dialysis units to encounter abusive behaviors from patients. The inclusiveness of the end-stage renal disease (ESRD) program in offering renal replacement therapy to nearly all who need it has made for an extremely diverse patient population with varying and oftentimes challenging needs. We treat them all, and we treat them at the same time, usually in a crowded space while staff members rush to accomplish an impossible number of tasks. Yes, the characteristics of our treatment settings are a perfect setup for conflict situations that could lead to abusive behaviors, if not resolved. Let's take a closer look at some of the specific underlying causes of conflict that could possibly lead to abusive behaviors.

Staff Attributes	Patient Attributes	System Attributes
Inadequately Trained Staff	Mental health issues, including emotional adjustment to dialysis	Less than optimal staffing
Job/personal stresses and burn-out impacting empathy toward patients	Pain and discomfort	Lack of privacy in the dialysis setting
Lack of staff professionalism	Aging issues, co-morbidities, loss of function (amputation, blindness, etc.)	Room temperature, noise, "chaos"
Failure of staff to accommodate racial or cultural differences	Language barriers, literacy issues, knowledge deficits	Revenue-centered care vs. patient-centered care
Unrealistic expectations of patients	Unrealistic expectations of staff	Complexities of care coordination
Unwillingness to collaborate with patients	Unwillingness to accept responsibility	Rigid, inconsistently applied, or non-existent facility policies
Patient-staff imbalance of power	Patient-staff imbalance of power	Ineffective facility grievance mechanism

Ways to Reduce or Prevent Conflict

- Have realistic expectations of patients, given any individual limitations (cognitive deficits, mental health issues, etc.).
- Address patient issues and concerns:
  - Preemptively - for example, have a suggestion box in the waiting room; "open door" policy between patients and management; patient advisory committee.
  - Promptly - using an interdisciplinary team approach and facility grievance process.
- Be aware of your own attitudes and biases and how these come across to patients.
- Maintain professional boundaries in your relationships with all patients.
- Train all staff regularly in effective communication techniques and conflict resolution. You can use the following tools:
  - The Decreasing Dialysis Patient-Provider Conflict (DPC) toolkit available from the Forum of ESRD Networks
    - Decreasing Dialysis Patient-Provider Conflict (DPC) - December 2022 Addendum
  - The 5 Diamond Patient Safety Program
  - Qsource ESRD Networks' Huddle Up Communication Series

Now let's look more closely at abusive behaviors. For the purposes of this tip sheet, we'll be focusing our attention on the abusive behaviors identified in the next table. We are not talking about situations where a patient gets angry and raises his/her voice or becomes more animated. Everyone gets angry at one time or another and how staff members respond to this type of situation will impact the outcome, either escalating the situation which could increase the risk of the angry display turning abusive, or de-escalating the situation through compassion, empathy and rational detachment (staying clear-headed and not taking an angry outburst by a patient personally). As we all know, rational detachment is certainly easier said than done, especially when our buttons have been pushed or when our last nerve has been stepped on.

Behavior	Definition from the DPC Toolkit
Verbal abuse	Any spoken words with intent to demean, insult, belittle or degrade facility or medical staff, their representatives, patients, families or others.
Verbal threats	Any spoken words expressing intent to harm, abuse or commit violence directed toward facility or medical staff, their representatives, patients, families or others.
Physical threats	Gestures or actions expressing intent to harm, abuse or commit violence toward facility or medical staff, their representatives, patients, families or others.
Physical harm	Any bodily harm or injury, or attack upon facility or medical staff, their representatives, patients, families or others.

Verbal abuse may be used by patients to maintain or regain a sense of power and control and may be a result of poor or maladjusted coping skills, mental illness, and poor impulse control. It may vary in content, tone and intensity, but you will likely feel off balance, intimidated or demeaned.

Verbal threats are expressed intentions to commit harm or violence to another person ("I'm gonna beat you up!", "I'm gonna kill him!"), as well as implicit threats ("You'll be sorry," "You'd better watch your back!" etc.). Threats to get someone fired, to report a staff member or facility to a supervisor or oversight agency, or to suggest that a lawsuit might be filed do not fit this definition and should not be considered in this category.

Physical threat or physical harm represents the most serious of abusive behaviors and requires swift action to ensure the safety of everyone in the facility.

Tips on Dealing with Verbal Abuse

- Remain calm. Know your limits and take the time needed to calm yourself and organize your thoughts before engaging the patient.
- Maintain staff professionalism and rational detachment. Do not take the behavior personally but consider what may be the underlying reason for the behavior.
- Demonstrate an open attitude. Avoid a threatening presence, such as standing over the patient, pointing a finger, or placing your hands on your hips. Avoid using remarks toward the patient that are blaming, threatening, or those that project guilt.
- Move to a private place if it is possible. Removing the patient from the area may help to de-escalate the situation.
- Tell the patient that verbal abuse is not tolerated in the facility.
- If the patient doesn't calm down or escalates further, you may want to let the patient know you will be ending the dialysis treatment and s/he will be expected to leave the premises immediately. At times, patients who are agitated will request or demand to end their treatment, so this takes care of itself.

- It is very important that you tell the patient you want him/her to return at the next scheduled treatment.
- Use good judgment about when to address the incident with the patient (it may not be best immediately if patient doesn't gain control over his/her behavior, but the incident should be addressed as soon as possible after the incident).
- Debrief the incident with the patient to assess the contributing elements including any staff behaviors that may have contributed to the incident. We recommend a separate debriefing for staff to address their experience/feelings related to the incident and what worked and didn't work in the intervention process.
- Implement solutions based on the identified contributing elements that address both patient and staff behaviors. Be clear with the patient about future expectations of patient's behavior and assure the patient that professional staff behavior can be expected in return.
- Have a facility policy about patient conduct and a clear staff reporting process so that any incidence of abuse can be addressed swiftly.
- Determine the "root cause" of the behavior. If there are underlying mental health issues or other unmet patient needs that may be prompting the abusive behavior, assess and create a plan of care that addresses these concerns. If these are ongoing behaviors, and the facility is considering an Involuntary Discharge, a re-assessment is required (see the Conditions for Coverage).
- Care Agreements should not be considered as an automatic response to an abusive incident. Each case should be evaluated individually. If other interventions fail and you do initiate a care agreement with a patient, the agreement has to be something the patient can adhere to and that sets them up for success. It is important to include a time limit, consistent follow-up, ensure the consequence is in line with the offensive behavior, and all staff follow through consistently with the consequence that has been identified. If you are considering a care agreement, please reach out to the Network for assistance.

Responding to Verbal or Physical Threats or Physical Abuse

- Assessing the credibility of a verbal threat is important and should be done on an individual basis. Not all patients mean what they say or are capable of executing a threat. What was the patient's mood upon arrival at the facility? What triggered the verbal threat? Has this happened before? Is it realistic to think this patient means what was said and would/could carry out this threat?
- If a patient makes a credible verbal threat that expresses an intention to harm you or others in the facility, OR IF HE/SHE HAS PHYSICALLY THREATENED OR HARMED YOU, you should:
  - Get to a place of safety.
  - Get help (call 911, your security department, etc.).
  - Follow your facility's protocols for reporting and addressing these specific behaviors.
  - After the situation is safe, contact Qsource ESRD Networks:
    ESRD Network 10: (800) 456-6919
    ESRD Network 12: (800) 444-9965

In conclusion, staff skills in properly assessing and trying to de-escalate any situation involving verbal abuse or verbal threats are essential. Acting professionally, staying calm, using good judgment, and having knowledge of conflict management principles will help you minimize events of abusive behavior. The Decreasing Dialysis Patient-Provider Conflict (DPC) toolkit includes training modules that can help all staff develop skills to successfully address and reduce conflict situations. We also encourage you to utilize community resources for assistance, such as local mental health providers for direct patient services or staff education and the Network Patient Services Department for case consultation.

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