

# Addressing Abusive Behaviors in the Dialysis Center

The End Stage Renal Disease (ESRD) Program is very inclusive. Renal replacement therapy is offered to nearly anyone who needs it. This makes for an extremely diverse patient population with varying and oftentimes challenging needs. From grandmas to prisoners, the dialysis centers treat them all—at the same time, usually in a crowded space, while staff members try to accomplish an impossible number of tasks. Yes, the characteristics of dialysis treatment settings are a perfect setup for conflict situations that could lead to abusive behaviors if they are not resolved. Let’s take a closer look at some of the specific underlying causes of conflict that could possibly lead to abusive behaviors.

Attributes That Could Lead to Conflict and Abusive Behaviors:		
Staff	Patient	System
Inadequately trained staff	Mental health issues, including emotional adjustment to dialysis	Staffing levels
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 for Staff to Reduce or Prevent Conflict

While it usually takes two parties to create conflict, the onus is on facility staff to:

- Have realistic expectations of patients, given any individual limitations (e.g., cognitive deficits, mental health issues)
- Address patient issues and concerns:
  - **Pre-emptively** by having:
    - A suggestion box in the waiting room.
    - An “open door” policy.
    - Patients participate on the Patient Advisory Committee (PAC).
  - Promptly by using:
    - An interdisciplinary team approach.
    - Educating patients about the facility grievance process.

- Be aware of their own attitudes and biases and how these come across to patients.
- Maintain professional boundaries in their relationships with all patients.
- Train regularly in effective communication techniques and conflict resolution.
  - The *Decreasing Dialysis Patient-Provider Conflict* (DPC) toolkit is an important resource and is available on the ESRD National Coordinating Center [website](#).

## Abusive Behaviors Defined

There is a difference between a situation in which a patient gets angry and raises his/her voice or becomes more animated than normal and abusive behavior. Everyone gets angry at one time or another, and how staff respond to this type of situation impacts 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). While clearly the best course to take, rational detachment is certainly easier said than done, especially when your buttons have been pushed and/or when your last nerve has been stepped on. Generally, abusive behaviors can be categorized as:

<b>Definitions of Abusive Behavior</b> (As specified in the Decreasing dialysis Patient-Provider Conflict 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.

## Causes of Abusive Behaviors and Tips for Dealing with them

**Verbal Abuse** may:

- Be used by patients to maintain or regain a sense of power and control.
- Be a result of poor or maladjusted coping skills, mental illness, and/or poor impulse control.
- Vary in content, tone, and intensity.
- Will likely make you feel off balance, intimidated, or demeaned.

Verbal abuse can be dealt with by:

- Maintaining professionalism and rational detachment.
- Staying calm and telling the patient that verbal abuse is not tolerated in the facility.
  - If the patient doesn't calm down or escalates further, letting the patient know that you will be ending the dialysis treatment and she/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.
- Using good judgment about when to address the incident with the patient.
  - It may not be best *immediately* if the patient doesn't gain control over his/her behavior, but the incident should be addressed as soon as possible after the incident.
- Debriefing the incident with the patient to assess the contributing elements, including any staff behaviors that may have contributed to the incident.
  - It is recommended that staff be debriefed separately to address their experience/feelings related to the incident and what worked and didn't work in the intervention process.
- Implementing solutions based on the identified contributing elements that address both patient and staff behaviors.
  - Be clear with the patient about future expectations of his/her behavior.
  - Assure the patient that professional staff behavior can be expected in return.
- Having a facility policy about patient conduct and a clear staff reporting process so that any incidence of abuse can be addressed swiftly.
- Addressing any 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.

Behavior contracts 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 behavior contract with a patient, it's important to include a time limit, follow-up, ensure the consequence is in line with the offensive behavior, and follow through consistently with the consequence that has been identified. See the Conditions for Coverage regarding the process of IVD if your facility has determined that IVD is the action that must be taken.

**Verbal threats** are expressed intentions to commit harm or violence to another person such as “I'm gonna beat you up!” or “I'm gonna kill him!” as well as implicit threats such as, “You'll be sorry.” or “You'd better watch your back!” (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.

Verbal or physical threats require the staff to:

- Assess the credibility of a verbal threat.
  - This should be done on an individual basis; not all patients mean what he/she says or are able to execute a threat.
    - What was the patient's mood upon arrival at the facility?
    - What triggered the verbal threat?
    - Has this happened before?
  - Conduct your own 'gut check' by asking yourself:

- Is it realistic to think this patient means what was said, and would/could he/she 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.
  - Contact the Network.

## Causes of Abusive Behaviors and Tips for Dealing with them

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. The Network also encourages you to utilize community resources for assistance, such as local mental health providers for direct patient services or staff education and the Network 15 Patient Services Department for case consultation. Patient Services can be reached at 303.831.8818.