

## INTRODUCTION

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Providence Health Care (PHC) is committed to providing a safe, respectful work place as defined by our values of spirituality, integrity, stewardship, trust, excellence and respect for all. Everyone associated with PHC including, patients, residents, family members and visitors are accountable for their behaviours and are expected to conduct themselves in a civil, respectful and non-discriminatory manner. The goal of these guidelines is to provide the best possible care, through a partnership between patients, residents, family members and friends working together with the health care team.

### Definitions:

**Violence** – Violence includes any act in which a person is abused, threatened, intimidated or assaulted in his or her employment and includes any threatening statement or behaviour which gives a worker reasonable cause to believe he or she is at risk of injury.

**Disrespectful Conduct** – Any behaviour that demeans, humiliates, intimidates, excludes or embarrasses a person and that a reasonable person should have known would be unwelcome.

### Examples

<i>Respectful Conduct</i>	<i>Disrespectful Conduct</i>
<ul style="list-style-type: none"><li>• Return greetings</li><li>• Treat others as you would like to be treated</li><li>• Communication is polite and courteous</li><li>• Conflict/ disagreement is addressed in a timely, positive and respectful manner</li></ul>	<ul style="list-style-type: none"><li>• Racist remarks, name calling, yelling, abusive language</li><li>• Verbal or physical threats</li><li>• Discrediting the person: spreading rumours, ridicule</li><li>• Non-verbal gestures (eye rolling, face-making)</li></ul>

## GUIDELINES

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### Identifying Potential Challenging Situations:

Many challenging family member situations will follow a pattern. Identifying a potential challenging situation early is a key to addressing and mitigating the situation, preventing escalation. The following circumstances often signify a challenging situation:

- The family member(s) have become focused on a particular triggering point.
- The family member(s) behaviour appears to have resulted in “splitting”, which causes conflict and polarizes members of the care team.
- The family member(s) complain to other residents and/or their family members about care issues rather than following a formal complaint process.
- The family member(s) avoid interacting with staff (and in some cases staff will avoid interacting with certain family members).
- Staff members express fear of the family member(s).
- Staff members acquiesce to the wishes of the family member(s) and deviate from standard care practices to avoid conflict.
- The family member(s) are involved in the care of other residents.
- The family member(s) become self-appointed advocate for other residents.
- The complaints from the family member(s) escalate and they express dissatisfaction with the responses to the incident.
- The family member(s) threaten litigations or to report staff to “higher-ups” or the media.
- A pattern of staff calling in sick or going on stress leave is evident.
- The family member(s) start visiting at unusual hours to check up on staff.

### During a Challenging Situation Involving Family Member Violence

In any conflict with a family member the following tasks should be performed:

- Maintain a file. It is important to be clear in your communication and to have complete, detailed documentation of all incidents.
- Incidents should be dealt with as soon as possible. The impact of any management strategy is significantly lessened if it is not implemented immediately.
- Keep in regular contact with all parties involved to ensure the management strategies implemented are working and that at any additional issues that come up are addressed quickly.
- Ensure whatever management strategies are decided upon are fully communicated to all staff (including evening/night staff, week-end staff and casual staff).
- The standard of care provided to all residents should be consistent. Avoid setting up separate care expectations to meet the demands of the family member(s).
- The Supervisor/Leader has the flexibility to adapt the consequences over time depending on how the situation evolves.
- If the family member(s) refuses to meet with the Supervisor/Leader to discuss the incident, the Supervisor/Leader, in consultation with the Program Director, the Director of Patient Relations and the Director of Risk Management, will determine the next course of action.

- Confidentiality needs to be maintained except as required to ensure due process and the protection of all persons involved.

### Initial Incident

Whenever possible the staff member(s) should immediately attempt to address the situation and the behaviour directly with the individual involved in a clear non-confrontational manner. A staff member may request assistance from another staff person such as an RN or Clinical Nurse Leader.

#### Tips for dealing with difficult situations:

- ✓ *Private setting:* Talk to the person in a quiet private setting.
- ✓ *Relaxed body language:* Ensure your tone of voice; facial expression and body language are open and welcoming (do not cross arms, make eye contact, use a calm tone of voice, etc.).
- ✓ *Be specific:* Focus on the behaviour you want changed. Do not judge the person.
- ✓ *Use Active listening:* Distressed or angry people want an opportunity to be heard. Often, if a person feels genuinely heard (e.g. listen with care, summarize the speaker's concerns), their anger will be defused and solutions can be found.
- ✓ *Focus on impact not intend:* Do not guess at another person's intend. Focus on the impact of their behaviour on you and your work.
- ✓ *Problem-solve:* Look for solutions only after the person is calm, emphasize common goals such as the best interests of the resident.

#### If staff members require additional leadership support to address the incident:

- The Supervisor/Leader or designate should contact the family member to request a meeting. The purpose of the meeting is to understand the family member's concern and work collaboratively to address it. This includes educating \reminding the family member(s) of respectful behaviour guidelines and that any form of violence in the workplace is unacceptable.
- The Supervisor/Leader should review the designated procedure for addressing concerns and care issues with the family member(s) (e.g. concerns about care should be referred to the appropriate person).
- The Supervisor/Leader should emphasize the importance of staff and family member(s) working in partnership towards the common goal of the best care for the resident and will provide timelines and reassurance to the family member as appropriate.
- The Supervisor/Leader should arrange a time for a follow-up meeting or phone call to review how things are going.
- The Supervisor/Leader should refer to Partnership for Care (Appendix 2) and Respect in the Workplace (Appendix 3) and should give the family member(s) a copy of them.
- Ensure documentation of all incidents and responses is complete.

## Incidents are Unresolved

If the issue remains unresolved and the challenging behaviour continues:

- The Supervisor/Leader or designate should contact the family member(s) again to request a meeting in regard to the second incident of violent behaviour impacting staff. The purpose of this meeting is to continue to work towards a mutually acceptable resolution and to define consequences.
- The Supervisor/Leader should keep the following informed of the status of the incident: Program Director, Director of Patient Relations, and Director of Risk Management. The Coordinator of Violence Prevention and the HR Advisor should also be made aware of the situation.
- The Supervisor/Leader should discuss the concern and review the management plan with the family member(s). The Supervisor/Leader should also discuss the specific behaviour and the consequences in the event incidents continue. Consequences will vary considerably depending on the circumstances, but should be realistic, enforceable and appropriate to the situation (e.g. ensuring family member is out of the resident's room before care is provided, restricting visiting to one location in the facility, restriction of visiting hours to when the Supervisor/Leader is on duty).
- The Supervisor/Leader should send a letter to the family member(s) with a summary of any meetings and behavioural expectations during visitation as well as consequences in the event of continued incidents.
- If the family member(s) challenging behaviour continues after they have received in writing the consequences of such behaviour, the Supervisor/Leader should send another letter to the family member(s) to state that consequences are being implemented as a result of continued incidents.
- Ensure that all incidents and responses have been documented.

## Incidents Escalate

If the behaviour continues and/or becomes extreme, the Supervisor/Leader or designate should inform the Program Director, Leader of Risk Management and the Director of Patient Relations of the continuing problems so additional management strategies can be developed.