Responding to verbal abuse

By Thomas A. Dombrowsky, MSN

CONSIDERED A FORM of horizontal violence, verbal abuse is a common problem in healthcare facilities. The abuser may be a patient, family member, physician, or other healthcare provider. It can even be another nurse. This article will review what verbal abuse is, how it affects patient care, and how to properly deal with it when it happens.

Impacting patient care

Verbal abuse is speech that’s intended to humiliate or embarrass the target. The recipient feels humiliated, disrespected, and devalued. It includes yelling, making belittling comments, cursing, name calling, and threats.

In a survey of 950 healthcare workers, researchers found that 82% of respondents witnessed dysfunctional behaviors at least weekly. Examples included harsh criticism, public belittling, third-party complaints, offensive eye movements (eye rolling), and pretending not to notice when a coworker was overwhelmed. Consequences of the abuse reported in the survey included feeling discouraged from lack of positive feedback, leaving work with bad feelings, being afraid to speak out, failing to ask questions for fear of ridicule, and experiencing physical symptoms, such as headaches, sleep disturbance, or pain.

Besides hurting the nurse, verbal abuse also can adversely affect the quality of patient care. It’s a major contributor to burnout and can put barriers between the nurse and patient. If a patient is verbally abusive, the nurse may become wary of the
patient and spend only a minimum amount of time with the patient, compromising communication and care.

When the abuser is a healthcare provider, all of his or her patients can be harmed. Over time, nurses may become reluctant to call the abusive healthcare provider and call only when absolutely necessary. Patients of other healthcare providers can also be affected if the abusive healthcare provider happens to be on call.

Consequences for the hospital itself include increased staff turnover and decreased patient-satisfaction scores. Hospitals are mandated to provide a healthy work environment, and part of that requirement includes having a plan to address verbal abuse. The Joint Commission requires hospitals to have standards defining disruptive behavior and a process for reporting and managing such behavior.

Cool off with ICE TEA

Your feelings are a good guide to identifying verbal abuse. If you feel like you’re being verbally abused, you probably are. When you think you’re being verbally abused, it’s important to identify and understand the situation so you can respond rationally rather than emotionally.

As a guide to identifying and responding to verbal abuse, think of the acronym ICE TEA:
- I: rapid identification
- C: determine the cause of the abuse
- E: control your emotions
- T: take control
- E: get everyone on board
- A: aftercare.

Rapid identification enables you to stop your emotional response and take a reasoned approach to the situation. Rapid identification means quickly recognizing that you’re being abused. This awareness stops you from blaming yourself and gives you a chance to remember what you’ve learned about verbal abuse so you can respond to it intelligently. A common problem with abuse is that victims tend to blame themselves for the abuser’s bad behavior.

Once you’ve identified that verbal abuse is occurring, try to determine the cause. Possible causes include misunderstanding, control issues, powerlessness, and stress. Your plan for dealing with verbal abuse can change based on your assessment of the cause. For example, if someone has an abusive personality, you aren’t likely to change that. Your focus will be on avoiding triggers and minimizing harm from the abusive behavior. If the abuse is triggered by the stress of the situation, your focus will be on helping the person find more appropriate ways to handle the stress.

In some cases, the abuser has a legitimate complaint. While this doesn’t excuse the abuse, you should do everything you can to resolve the complaint.

When someone is being verbally abusive, it’s important to control your emotions. This gives you a rational roadmap to follow. Anger has a natural trajectory: it rises (escalates) for a while, peaks, and then diminishes. While the person is in the escalation phase, you have little hope of reasoning with him or her. What you want to do during this phase is identify and remove triggers, minimize harm to the patient, yourself, or others, and let the person ventilate. The way to minimize harm is by staying with the person but keeping your distance while you wait for the anger to reach its peak. You want to maintain contact without invading the person’s space or getting close enough to be trapped or physically attacked. Encourage the person to talk about what is bothering him or her. Talking about the problem is better than acting out.

When someone is being verbally abusive, try to take control of the situation. Speak in a calm voice and use short, clear sentences. If you can, appeal to the person’s better nature. For example, if a daughter is berating a nurse about perceived deficiencies in her father’s care, you might say, “I know you want the best for your father. Let’s sit down and look at our options so we can find a way to solve these problems.” Let the person know that you respect him or her as a person, and that you expect the same treatment. Avoid criticism and focus on behavior.

Watch for signs that the person’s anger is escalating, such as shouting, screaming, throwing things, or pounding on a table. These signs indicate that violence is imminent; at this
point, prepare to get away from the person. If you sense the abuse may get physical, don’t hesitate to call for help. Your facility should have a policy on dealing with potential violence. Avoid getting trapped in a room with your exit blocked; stand near the door so you can leave fast if necessary.

Sometimes just listening to the person is enough to defuse the situation. If you don’t have time for a lengthy conversation or if your presence seems to antagonize the person, ask your charge nurse, supervisor, or patient representative for help.

Don’t try to handle the situation by yourself—get everyone on board. Inform other stakeholders, such as the charge nurse, healthcare provider, and nursing supervisor, about the situation. Getting someone higher in the hospital organization to talk to the person who’s being verbally abusive may help defuse the situation.

Don’t neglect aftercare. After an incident of abuse, the abused person needs to be debriefed, the situation needs to be addressed with the abuser, and the incident needs to be appropriately reported according to facility policy and procedure. Neglect of debriefing can cause the incident to be repressed. Although the incident is apparently forgotten, it festers under the surface leading to emotional damage and burnout.⁵ Charge nurses and supervisors should offer abused nurses emotional support and encourage them to work through their emotions. In some cases, counseling may be required.⁶

If the abuser is going to remain in the environment, the abuser’s manager should meet with the abuser and state clearly that the offending behavior must stop and what the consequences will be if it doesn’t. In some cases, a meeting between the two parties with the manager as mediator can help.¹⁰ It’s probably not realistic to expect nurses not to discuss incidents of abuse with their peers, but supervisors should caution nurses about inappropriate discussions. Don’t discuss specific identifiable patients with people who aren’t involved with their care, even other nurses. To do so would be a Health Insurance Portability and Accountability Act violation. You can discuss incidents that bother you with a trusted friend or counselor so long as you take precautions to avoid disclosing the identity of the patient.

Write it down
Incidents of verbal abuse should always be reported using your facility’s event reporting system. An event report:
• provides documentation of the incident in case the facts are called into question.
• alerts and informs the abuser’s manager and risk manager, who’ll need to follow up.
• heightens the priority of the incident for the manager to whom the incident is referred; the manager then investigates the incident and develops a corrective plan.
• helps managers identify and document continuing patterns of abuse.

Take control
Verbal abuse not only hurts feelings but can also compromise patient care. By reacting calmly, taking control of the situation, discovering the cause, and intervening properly, you can prevent verbal abuse from leaving a lasting impression.

REFERENCES

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