The Nurse Advocate
Part 2

This course has been awarded
Three (3.0) contact hours.
This course expires on Feb 5, 2016.

What's in a name?

In this course you will see the term Unlicensed Assistive Personnel (UAP). Similar terms used to describe unlicensed assistants in the healthcare setting include Patient Care Technician (PCT), Patient Care Assistant (PCA) and Nursing Assistant (NA). Consider these terms interchangeable for the purposes of this course.

This course uses the term "provider" for all licensed independent practitioners who might write orders for patients. Providers include medical doctors (MDs), doctors of osteopathy (DOs), Physician's Assistants (PAs) Nurse Practitioners (NPs), and any other category of professionals which is licensed to write orders for patients and be in charge of a patient's care.

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Purpose and Objectives
The purpose of this course is to provide the learner with the opportunity to practice advocacy through the use of case studies and follow up information.

After successful completion of this course, you will be able to:
1. Describe how to give and accept compliments in a professional manner.
2. Explain how to respond to a patient's criticism of your care.
3. Give examples of professional responses to the anger in the workplace, such as:
   A. An inappropriate expression of anger by the manager
   B. An expression of horizontal hostility by a peer
   C. Verbal abuse by a doctor
4. Describe constructive ways to manage your own anger in the workplace.
5. Explain an effective response to receiving an assignment that is too heavy.
6. Identify important features of giving corrective feedback.

Introduction
Nurses are in a unique position to advocate each and every day. Advocating for patients is essential to the nursing role. Advocating for a safe and effective practice environment is also considered within the scope and standards of practice for nurses (American Nurses Association, 2010). Nurses need to be comfortable with applying advocacy skills not only for patients, but for themselves, their colleagues, and the profession itself (Tomajan, 2012).
The Nurse as Advocate Part 2 applies strategies and techniques from The Nurse as Advocate Part 1 to some new situations and offers some more approaches to help you effectively advocate for your patients and yourself.

Part 1 advised you to actively practice the suggested techniques, translate them into your own words and apply them to situations that you encounter. The same advice holds for the techniques of Part 2.

Practice Makes Perfect
No matter how diligently you study this course, or other assertiveness materials, you will succeed in asserting yourself only by practicing techniques of assertive communication. Here are some suggestions to facilitate your practice:

- Practice your assertive responses while looking in a mirror. How well does your verbal communication match your nonverbal communication?

- Find a trusted person with whom to practice assertive communication by role playing. Even better, involve three people so that a third person can observe the role play and offer feedback.

  Expressing yourself assertively in nonverbal communication is at least as important as vocalizing the right words. Often the nonverbal component is more important. A third party observer can give you feedback on your nonverbal assertiveness.

- Start small. Focus on a simple, single-issue situation. Work on a situation that requires you to interact with only one other person.

Relive and Role Play Situations

- Avoid starting out with a situation with which you've repeatedly had bad experiences.
- Recall a situation with another person – a patient, a UAP, another nurse – in which you wish you had expressed your needs and expectations better. Identify as best you can exactly what you wish you had said and how you wish you had said it. Practice your new actions in the situation with your partner.
- Use the situations presented in this course for your role playing. Modify the situations and the responses to fit your work setting and your personal style. BUT, remember to preserve the assertive theme of your response.
- Use *Clark's Assertive Evaluation Criteria* to evaluate your assertiveness practice sessions (See Clark's Evaluation Criteria on Screens 11-13).
- After doing your best to act assertively in a real life situation, use *Clark's Assertive Evaluation Criteria* to evaluate your performance (See Clark's Evaluation Criteria on Screens 11-13).
- Anticipate the response you'll receive from the other person.
- Play the role of the other while your partner plays you.

Give Feedback on Your Practice

Some feedback statements for giving feedback to yourself or to a partner:

- Look me in the eyes when you talk.
- Relax your hands.
- Speak more loudly.
- Speak more slowly.
- Emphasize the important words.
- Turn your body toward me.
- Tell me the specific purpose of our meeting.
- Ask for cooperation or collaboration.
- Tell me how your suggestions will benefit the other person

(Clark, 2003; Patterson, Grenny, McMillan, & Switzler, 2012; Riley, 2014).

Test Yourself

Which of the following is not an effective feedback statement?

A. Speak more loudly.
B. I have no idea what you are saying.

C. Emphasize the important words.

Commit To an Assertiveness Plan
Identify one statement or one small habit that you will change:

- Plan in advance the situations in which you will use this new approach so that you are ready.
- Rehearse the new statement or behavior.
- Monitor yourself on your progress. Keep a tally of how many times you follow through as planned.
- When you're satisfied that you've incorporated the new behavior, select another one and repeat the process.

Practice will help you to feel comfortable when you assert yourself.

(Clark, 2003; Patterson et al., 2012; Riley, 2014)

Clark's Assertive Evaluation Criteria: Asserting Yourself
How well did you **present yourself**? Did you?

- Initiate conversation
- Use clear, concise statements
- Stay focused on the issue
- Express thoughts and opinions openly
- Share feelings
- Use "I" or "we" statements
- Speak in a clear, firm, fluent voice
- Maintain eye contact
- Use appropriate facial expression
- Use open body posture
- Sit or stand at appropriate distance
  (Adapted from Clark, C.C. (2003), p. 103)

Clark's Assertive Evaluation Criteria: Taking Action at Work
How well did you demonstrate an **active orientation to work**? Did you?

- Suggest a change
- Work to your full capacity
- Tell others your expectations
- Clarify what others expect from you
- Set short- and long-term goals
- Work to achieve short- and long-term goals
- Let others know of your special work skills
- Set and hold to deadlines and time limitations

How well did you demonstrate **constructive work habits**? Did you?

- Limit interruptions

- Concentrate on one task
- Plan to complete unpleasant tasks
- Say no to illegitimate requests
- Structure your work day for satisfaction, reward, or empowerment
  (Adapted from Clark, C.C. (2003), p. 103)

Clark's Assertive Evaluation Criteria: Interacting and Controlling Anxiety

How well did you **give and take criticism, evaluation and help**? Did you?

- Accept a compliment
- Give a compliment
- Own up to a mistake or limitation
- Point out a mistake or limitation in a neutral way
- Ask for assistance
- Remain calm while being observed or evaluated

How well did you **control anxiety and fear**? Do you feel comfortable when you?

- Stand up for your rights
- Disagree
- Express anger
- Deal with another's anger
- Handle a put-down or teasing
- Ask for a legitimate limit to workload
- Take a reasonable risk (Adapted from Clark, C.C. (2003), p. 103)

Test Yourself

Match the following behaviors with the correct evaluation criteria:

A. Comfortable in dealing with another's anger
B. Suggested a change
C. Met eye contact

I. Taking action at work
II. Controlling anxiety
III. Asserting yourself

Answers:
A=II; B=I; C=III

Case Studies

The case studies which follow give you an opportunity to select the most appropriate response to some situations that often arise in practice. You will learn why the response identified as most appropriate IS most appropriate and why the other choices are less effective.

Note that facility policy and procedure play a role in many of these situations. It is essential that you receive an orientation to the policies and procedures of your facility and your unit, including how to access pertinent policies and procedures. Facility policies and procedures are the standard against which your practice is judged in the case of any disciplinary or legal proceedings.

How to benefit most from this course:

You will gain the most from this course if you read the rationale for ***EACH*** choice – why each one is correct or incorrect. Some important points are included ***ONLY*** in these rationales.

Case Study One: The Patient and Charge Nurse Compliment You

My patient had such a restless night. When I walked in there at the beginning of the day shift, he looked distressed and anxious. His linens were completely disheveled and so was he. He'd dribbled some of the cranberry juice he'd been drinking down the front of his gown. That gave me a start. From a distance I thought it was blood!

There were tissues on the floor, a couple of drinking glasses on the bedside table, magazines strewn around – just messy. They were really busy yesterday on days and evenings and he never really got his hygienic care. I said, "Good morning" and asked about his night. He told me he'd been anxious, restless, and uncomfortable – though with no specific complaint of pain.

I asked him to tell me more about what was interfering with his rest last night. At first he didn't come up with anything specific. He was tired, discouraged, and disgusted – he really didn't want to figure it out or talk. But when I began assessing him and took a look at his Foley, I had a clue. At the very same time, he said "that tube was pulling on me all night." His Foley was taped to his thigh with too much tension on the catheter – no wonder he was uncomfortable! I fixed that in short order. He looked relieved and actually smiled for the first time.

I told him I needed to complete my assessment and right after that I'd get to work on helping him feel more comfortable. I finished my assessment. His condition was stable. He was progressing well following bladder surgery two days ago.

I helped him get up and brought him what he needed to wash up and shave. While he did that, I got the Unlicensed Assistive Personnel (UAP) to do his bed and clean up the room. I asked her to wash his back while he was sitting up.

Thirty minutes after I'd first walked in, he looked like a new man. He was still tired from his restless night, but he and his environment looked peaceful.

As I turned to walk out, he said, "Thanks, you really made a difference for me this morning." Later, the charge nurse said to me, "You really worked a miracle with him – nice job!"

I have to admit I felt good when I heard that both my patient and the charge nurse appreciated what I did. But I felt a little embarrassed – after all, I think a UAP or a family member or maybe the patient himself could have identified the problem.

What's the best way to accept a compliment that you believe is not warranted?

A. Say, "Thank you. I'm glad I helped and it's nice to be thanked."
B. Just be honest. Say, "It was really no big deal – just doing my job."
C. Make a light-hearted response. With a little laugh, say, "I think I've seen it all when it comes to those Foley catheters."
D. Think of something complimentary to say to anyone who compliments you – even if it's not really true. That will build rapport and balance the equation.

Answers:

A is CORRECT! Say, "Thank you. I'm glad I helped and it's nice to be thanked." Take that compliment and love it! You earned it. You cared enough to look at the situation from the patient's point of view and address his most important needs. You didn't let yourself get distracted by the usual routine, other patients, or any priority other than helping this patient. Feel good about what

you did and what others applaud.

Most healthcare organizations place a high priority on patient satisfaction. Despite whatever questions might appear on a patient satisfaction survey about the food or other aspects of hospitalization, most patients value attention from a caring, competent professional above other aspects of care. There is no substitute for taking the patient's perspective and identifying what is most important to that person today. Not that you can always meet the need, or meet it right away.
Sometimes you have other priorities. But, if you at least acknowledge the patient's priority and address it with the best means available to you, you will enhance that patient's satisfaction.

It's also important to let the person who compliments you know that you appreciate that person taking a moment to say thank you. That message rewards the person and contributes to a positive work environment. No need to overdo it however, with some response like, "Wow! Coming from such an outstanding charge nurse as you are that compliment means the world to me. You're so…(wonderful in every way)."

B is Incorrect.
You're shutting down the compliment factory.
You are discouraging others from complimenting you. True, it's your job. But, you did it well and deserve to take credit. And, in this case it was a big deal to the patient. Avoid belittling the importance of this simple act to him.

C is Incorrect.
What's so funny?
Put away the embarrassed giggle. Don't give the impression that you think the patient's situation is laughable, or that you take his compliment as a joke. Don't give the charge nurse the impression that you can't handle a compliment in a graceful and professional way. If you give the impression that a compliment embarrasses you, the person who gave you the compliment will probably feel uncomfortable too and be unlikely to give you another compliment – even when you've earned it. Don't undervalue your skill. True, in this case the measure you took was simple and didn't push the envelope of your expertise. However, the value to the patient and the value the charge nurse placed on a comfortable patient were significant.

Accepting and giving deserved compliments helps you and your co-workers to recognize the unique gifts that each of you brings to your work.

D is Incorrect.
This is not the time for "an eye-for-an-eye."
Resist the temptation to devalue the compliment or the person who gave it by coming up with some compliment in return. It makes the compliment given to you less meaningful and others can recognize an insincere compliment. Save your compliment for the next time someone earns a compliment. Be generous in giving deserved compliments. You'll help build a positive work environment.

Case Study One: Ideas to Go: Accepting Compliments
Here are some more situations in which these suggestions will help. Can you think of others?

Always take that compliment and love it! Maybe there are others on the team who deserve credit too. So, acknowledge them if appropriate, but enjoy the well-deserved recognition of your expertise and appreciation for you.

- A compliment to you does not demand that you think up some reason to compliment the complimentor. Say, "thank you." That shows appreciation and respect for the person who complimented you.
- Look for opportunities to give justified, specific compliments to co-workers – and to patients and their families too. Justified compliments might include appreciation for kindness, cooperation, making your job easier or more pleasant or for a job well done. You will be contributing to a positive work environment and a culture of appreciation for others' expertise, work, and good will.

Case Study Two: The Patient Thinks You're Too Rough
How humiliating! My patient thinks the UAP is a better nurse than I am. I got him out of bed for the first time after his suprapubic prostatectomy. I told him, "Let me do the work."

I supported him in a sitting position and whipped his legs over the side of the bed in one smooth motion. BUT he was really apprehensive and he wouldn't relax. He lifted up his legs himself. I know that hurt, but I *told* him what to do.

While I was at lunch, the UAP got him back in bed.

Later, I went to get him up to walk in the hall. He wouldn't let me touch him. He insisted that I get the UAP to help him. He said, "You were way too rough. I'm lucky my incision didn't bust open. Get Shirley in here. She knows what she's doing!"

I'm really embarrassed. I can't go and get Shirley to do my work just because the patient says so. How do I handle this?

A. The patient is always right. Go get Shirley.
B. Say, "I'm so sorry that I hurt you. I know I can do better. Give me another chance and you'll see. Let me give you some pain medication first – that will make it easier for you."
C. Say, "I'm sorry it hurt when I helped you get up. I think we didn't communicate very well. If you will completely relax this time, I'm sure I can help you get up without so much pain."
D. Tell it like it is. Tell him, "I know what I'm doing. The reason it hurt you when we did it is because you didn't do what I told you. I said, 'Let me do the work.' But, you tensed your muscles and lifted your legs. That's why it hurt. It wasn't my fault. You must have relaxed with Shirley."

Answers:
A is Incorrect.
The patient's perceptions might not be entirely accurate.
Even if you think the patient is 100% wrong, it is important to acknowledge his perceptions of the situation. But, give him the additional information he needs to see the situation more accurately. You are shirking your professional responsibility if you simply act as if you accept his perceptions as true.

B is Incorrect.
Not the time to grovel.
Perhaps you can see how you could have done a better job of relaxing the patient and convincing the patient to literally put himself in your hands. But, these statements sound as if you committed a grievous error. Take responsibility for what you could have done better, but be specific about it. Prevent the patient from getting a broader than accurate idea of your mistake. Excessive

apologizing and implying your responsibility for a bad outcome might help the patient to justify his idea that you are incompetent and that perhaps he should consider legal action related to your negligence.

C is CORRECT! Say, "I'm sorry it hurt when I helped you get up. I think we didn't communicate very well. If you will completely relax this time, I'm sure I can help you get up without so much pain."
You start off by acknowledging his complaint. You are not apologizing for having done something incorrectly – you are sincerely expressing that you are sorry that he experienced pain. You are also explaining why he experienced discomfort and how it can be more comfortable for him this time. Depending upon your assessment of his pain level and when he last received pain medication, you might medicate him and allow time for the medication to take effect prior to ambulating.

D is Incorrect.
It's not about you.
You are making a very defensive response. Your response is full of you-messages about what "you" (the patient) did wrong. Your first response must acknowledge the patient's feeling. From there you can explain further, accept responsibility for your actions or otherwise work to remedy the situation.

Case Study Two: Ideas to Go: The Patient Thinks you're too rough
Here are some more situations in which these suggestions will help. Can you think of others?

- Acknowledge the patient's perception of any situation before taking action, explaining or proceeding with care. You go a long way toward establishing good rapport by letting the patients know that you hear and care about their concerns – even though you may have other priorities or recognize their concerns as minor from your point of view. When the patient's concern is a minor one, avoid belittling the patient or discouraging further expression of concerns. For example, "I can understand that you'd be concerned that I didn't irrigate your tube as often as the nurse did yesterday, but we only irrigate if we see clots and your urine has been clear, so it hasn't been necessary."

- Accept accountability for a mistake or misunderstanding when appropriate. BUT be sure to limit your remarks to exactly what you could have done better rather than taking broader responsibility.

Test Yourself
Whose perception is important to consider before proceeding with care?

A. Yours
B. The patient's
C. Your co-workers'

Case Study Three: Your Manager Gets Angry With You
Other nurses told me that our manager can turn into an unreasonable, screaming child. I thought they must be exaggerating. Now, I know better.

Weeks ago, I told her I needed tomorrow off for a parent-teacher conference. She said, "We'll work it out." I thought that meant she'd take me off the schedule and switch me with someone else for another day. We've been so busy lately I never got around to checking the schedule.

Then, this afternoon she asked me how come I haven't made the assignments for tomorrow yet. Good Grief!

I said, "I'm off tomorrow." She raised her voice and said, "Oh no you're not! You're in charge tomorrow." I said, "No, we agreed I'm not working tomorrow."

She said, "That's what you think – didn't you bother to check the schedule? Do you just make it up as you go along?" Now she was yelling and visitors were noticing. My co-workers were just hanging their heads, embarrassed for her and I guess for me too. That's OK I suppose, but I felt like I could have used some help from my co-workers.

I said, "Don't you remember? I told you I need the day off. You said you'd take care of it."

She yelled back, "No way I ever said that! I don't remember anything like that. But, if you told me about it, you should have found someone else to work in your place."

I started raising my voice. I said, "I could have done that if I knew you expected me to. I thought you were taking care of it."

She said, "I'm your manager, not your mother – I don't have time to take care of you. That's not my job. You're a professional – I expect you to take care of yourself."

Just then, one of the other nurses came up and said quietly to both of us, "Listen, I'm scheduled off tomorrow, but I can work for you. Let's put our schedules together and find a day you can work in my place."

Well, thank Heaven that some reasonable person stepped up. That calmed my crazy manager right down. She said, "OK, fine – you two work it out."

What would I have done if my co-worker hadn't come along?

A. The first thing you need to do is get this dispute out of the public view.
B. Tell her you'll just call in sick, so she'd better find someone else to work.
C. She's the manager. Just apologize for the misunderstanding to shut her up and see if you can get someone else to work for you.
D. Fight fire with fire. Tell her you're not going to work and that you see now why your co-workers warned you about her tirades.

Answers:

A is CORRECT! The first thing you need to do is get this dispute out of the public view.
It is never appropriate or desirable for one team member to berate another in full view of others. This includes managers, providers, other nurses, allied health personnel, and ANYONE ELSE who might behave in that way. It also includes any potential audience – whether or not someone has a legitimate complaint, the person on the receiving end needs to be extended the respect of hearing about it in private. The healthcare environment is stressful enough for all present. No one needs the extra stress of witnessing angry outbursts.

Privacy is the first step. Simply respond, "Let's discuss this in private." And remove yourself to a private setting where the other person can follow you.

Next, deal with the inappropriate shouting behavior. Resist the tendency to respond in kind by raising your own voice. Instead, firmly and quietly indicate that shouting is unacceptable to you and inappropriate in the setting.
Choose your own words, but communicate messages such as:

- You may not realize you're shouting. What did I do to upset you?
- I don't like being shouted at, but I'd like to hear what is upsetting you.

• Please stop shouting. We cannot resolve the problem in this way.
If the other person is verbally abusing you, set firm limits. Forcefully say, "Don't talk to me that way!"

B is Incorrect.
Don't get distracted by the issue, address her behavior.
There are two problems here: the misunderstanding about whether you will be working tomorrow AND your manager's behavior. Do not ignore the behavior in your haste to resolve the issue of whether you will work tomorrow. If you ignore the behavior, you imply that it is acceptable.

It is very unwise to announce your plan to call in sick and make this completely the manager's problem. You are setting yourself up for discipline by stating that you will call in sick in order to take a day off. In this situation, both you and the manager share responsibility for the misunderstanding and miscommunication. After all, you are the one who needs the day off. So, accept some responsibility for resolving the problem. BUT, do not accept the manager's behavior.

C is Incorrect.
You're reinforcing unacceptable behavior.
In this situation, each of you was partially responsible for failing to clarify that you had a mutual understanding at the conclusion of the conversation during which you raised your need to be off tomorrow. If you simply resolve the matter on your own, you are sending a message to the manager that her behavior is an effective way to accomplish her goals.

D is Incorrect.
You're escalating and expanding the battle.
This response has two hazardous components: one – you are refusing to collaborate or try to solve the problem, and two – you are bringing in more issues: that the manager consistently behaves inappropriately and that your co-workers complain about the manager's behavior.

Instead, maintain an attitude of willingness to resolve the situation. And, limit your objection to your manager's behavior to your perception and the here-and-now. Once you introduce other situations and other parties, you open up the possibility that the conversation will now focus on these other issues and your present, urgent concern will be lost in the shuffle

Case Study Three: Ideas to Go: Your Manager Gets Angry With You
Here are some more situations in which these suggestions will help. Can you think of others?

- Abide by a personal policy of zero tolerance for shouting, swearing, or other abusive behavior. Confront anyone who displays this type of behavior in a calm and matter-of-fact way. If you ignore the unacceptable behavior and comply with the other's request, you are creating the impression that the behavior was effective in producing the result desired by the person who behaved inappropriately. With supervisors and managers, many nurses fear retaliation. Address the behaviors and report it up the chain of command if it is truly abusive behavior. It is never okay to be treated abusively, by anyone.
- Differentiate between inappropriate behavior and the issue that provoked it. Deal with each separately. In this situation, both parties contributed to an initial misunderstanding by failing to clarify. However, in some situations the party who is acting out may be correct on the issue, but nevertheless expressing him- or herself in an unacceptable fashion.
- Do all you can to prevent a misunderstanding. Assure that there is no room for misunderstanding or misinterpretation. For example, "OK, let me be sure I've got this right . . ." or "I understood you to say that . . ., is that correct?" or "So, you will . . . and I will . . ."

Written communications are often effective to confirm the understanding of both parties.

- When a manager or anyone else criticizes you in general terms, such as "you've got to get organized," or "you always take your time responding," ask the person to be more specific to clarify whether the person really perceives a pattern. "This time I really couldn't leave that patient right then, but I'm not aware of other times I haven't responded promptly. What are you referring to?"
- Conduct interactions away from patients and families. When there is a potential for conflict, it is not appropriate for patients and families to overhear.

Case Study Four: Your Co-worker Takes It Out on You

The other morning after working nights, I was a little late leaving the surgical floor where I work. Just as I was leaving, I overheard this surgeon being really ugly toward one of the new nurses on days.

Apparently a post-op patient asked the nurse for mineral oil since that was his daily bowel regime at home. So, the nurse called a resident and got an order – but the patient didn't even have bowel sounds yet – so the patient's idea that he should be having a bowel movement was not very reasonable.

The surgeon came cruising in on his way to the OR, made unbelievably fast rounds and discontinued the mineral oil. He told the nurse how stupid she was – he said, "I suppose if he'd said he wanted a steak you would have gotten that for him too. Don't they teach you anything about post-op care?" Then he blazed out with his residents and med students in tow.

After witnessing that, it made me angry. Seems to me the resident who ordered the mineral oil was equally stupid and I shudder to think what that surgeon just taught his residents and students about relating to nurses.

I went right back to the nurses' station to comfort that poor nurse and offer her some support. Imagine my surprise when she attacked me! Before I could get a word out, she said, "I hope the reason you're leaving late is that you got the first cases ready to go and bathed a fresh post-op or two. You've been leaving too much for us on days."

My sympathy for her evaporated pretty quickly. I straightened her out on the idea of "leaving too much for us on days." Completely untrue. I was leaving late because I needed to get my vacation request into the request book. The nerve of her! I went over the last couple of nights with her – no way did I or anybody else on nights leave things undone.

By the time she and I finished our argument over some of the things she thought that the night shift should have done, I had completely forgotten about offering her support.

I left the unit feeling frazzled. All because I tried to help her out. Yet, I do know how that surgeon can make a nurse feel – he's done it to me. I would have liked a co-worker to give me some support afterward. Should I have tried to be supportive to her?

A. No. It's really her problem. She's got to learn to fend for herself with these surgeons.
B. No. You should have just minded your own business and kept on going. Forget about doing a good deed in a situation like this. You've probably heard the saying, "No good deed goes unpunished."

C. Yes. If you'd been quicker to jump in and tell her what a complete jerk the surgeon is, she would not have had the chance to strike out at you. You should have kept the focus on the surgeon and the resident.
D. Yes. Understandably she probably felt angry, frustrated and embarrassed about the interaction with the surgeon. She probably wished she had handled him more assertively. She directed her hostility toward you, but don't let that cancel your support for her.

Answers:
A is Incorrect.
True, she has some things to learn - and you can help.
One of the most difficult parts of taking a new job is developing a sense of belonging, comfort, and confidence in the new setting. In fact, research findings indicate that critical thinking and clinical judgment develop only after the nurse achieves that sense of belonging (White, 2002). Help her learn to deal with the surgeons and others in the environment along with helping her learn what she needs to learn about care of the surgical patient.

B is Incorrect.
Do your part to create a positive work environment.
This nurse needs some support. Granted, she lashed out at you, but she was probably just looking for an excuse to express those feelings that she couldn't express to the surgeon. She needs acceptance of her feelings of distress and she needs skills to deal with this particular surgeon and probably others as well. You can be of help. Do your part to make giving support to one another part of the culture of your unit.

C is Incorrect.
The focus does not belong on the surgeon and the resident.
Neither you nor this nurse can control the surgeon and the resident. You can only control your reactions to them. It is fine to acknowledge that the surgeon acted inappropriately and the resident should not have ordered the mineral oil; but that's all that needs to be said. The important focus is soothing this nurse a bit and talking through how to deal with this surgeon in the future. Shifting the focus to others can be especially destructive if it interferes with taking constructive action to improve communication. If you and she simply air your complaints with each other and continue to allow the surgeon's behavior to go unchallenged, you are missing an opportunity to improve communication, collaboration, and patient care.

D is Correct! Yes. Understandably she probably felt angry, frustrated and embarrassed about the interaction with the surgeon. She probably wished she had handled him more assertively. She directed her hostility toward you, but don't let that cancel your support for her.

You were the target of horizontal hostility. Horizontal hostility is the term for aggressive behavior between persons who are on the same level in the hierarchy, such as between staff nurses. Unfortunately, nurses at times take out their anger on other nurses even though the true target is someone else. Usually someone else to whom the nurse feels unable to express anger or that it would be inappropriate to do so; for example, when a provider, a supervisor, or a patient provokes anger.

When this occurs, get to the real point. You got caught up in responding to her accusations about work left incomplete by you and your night shift colleagues. That's a pretty natural reaction on your part. However, you might have said, "We can talk about that in a minute. First I just want to tell you that I think that surgeon was out of line in what he said to you. You're just getting started here and your mistake was not serious. After all, his resident wrote the order. I'll bet he was

equally rude to that poor soul." Hold the conversation in a private area. Give her your full attention and eliminate distractions for both of you. If she is distracted, encourage her that this will only take a minute and that you want to offer her some support.

She also needs some help to develop her expertise and confidence. She will have to face this surgeon again. Instead of shying away from interaction with him, she will need to prepare to communicate with him in a manner that shows what she does know.
After offering support, get back to her remarks to you. Say something like, "You seem frustrated and angry after that exchange with the surgeon. I think that may have prompted some of what you said to me about what we're passing on to you from nights. But, let's talk about it for a minute – what were you referring to?"

Case Study Four: Ideas to Go: Your Co-worker Takes It Out On You
Here are some more situations in which these suggestions will help. Can you think of others?

- Avoid getting distracted. Use your judgment in each situation to decide what is most important to address first. Notice the emphasis on first. It does not mean that you will ignore other issues in the situation – in this case the nurse's complaints about the night shift.
- Do all you can to role model and promote positive relationships – among the nursing staff and among nurses and others, such as physicians. Collaboration and patient care suffer when communication is poor. Finding constructive ways to communicate with some parties may be challenging, but the outcomes for nurses and patients are worth the effort.
- Make sure the timing is appropriate. Sometimes addressing issues in the moment may not be effective, due to increased emotions. Coming back when both parties have had a chance to decompress may lead to more effective communications.
- Conduct interactions away from patients and families. When there is a potential for conflict, it is not appropriate for patients and families to overhear.

Test Yourself
Which of the following is NOT an appropriate strategy for dealing with a conflict with a colleague or manager?

A. Always address the issue in the moment
B. Conduct interactions away from patients and families
C. Use a zero-tolerance stance for abusive behaviors

Case Study Five: A Doctor Has a Tantrum
"I asked you for some tape to do the dressing – not this plastic wrap stuff! I want something that'll hold the dressing tight. You'd better learn to pay attention and understand plain English if you want to keep your job. This place must be really hard up for nurses to be hiring people who can't tell tape from plastic wrap."

Can you believe a doctor said that to me? Right in front of the patient. Ever since I've been on this unit we've used the transparent sterile adhesive dressings for the first dressing change after that type of surgery. That tape that she wanted does hold dressings in place – it also removes skin when you take it off. In fact she took a layer of skin off that patient's abdomen when she removed the dressing. The poor patient will probably have scars.

Although I was really angry I quietly explained to her that we usually use the transparent dressings because they are kinder to the skin and permit us to assess the wound more readily. When I said "kinder to the skin" I subtly pointed to the bright red areas where she just ripped off the tape and the patient's skin.

She grabbed the dressing and used it. Then she told the patient, "Everything looks good. You'll probably go home tomorrow." I smiled at the patient and said, "Well, that's good news."

When the doctor turned to leave, I said to her, "I'd like to talk with you for a minute in the hall." She looked a little surprised, but she nodded. I told the patient I'd be back in a minute.

We stepped outside and I said, "Please do not talk that way to me or anyone else on the nursing staff, especially in front of a patient. If you disagree or have concerns about our practice standards, discuss them privately with the nurse or with our manager. I'm always ready to listen to how you want to do things and collaborate with you. We stopped using that tape because of what it does to patient's skin. That's what we're trying to prevent if possible. Regardless of who's right, I won't allow you to abuse me like that in front of a patient. It's very disrespectful and can really interfere with the patient's confidence in me."

She said, "I'm sorry – bad day." Then she hurried off. I was just getting warmed up. I wanted to ask her to apologize to the patient. I wanted to tell her that I'd report her if it happened again.

I let her go. Should I have made more demands? Did I let her off too easy?

A. You should have insisted that she go back in the room and apologize to the patient.
B. Too easy? Are you kidding? Nurses aren't supposed to be telling doctors what to use and how to behave.
C. You did well to get an apology. Now the thing to do is avoid her because she's going to hold this against you.
D. Bravo! You followed through on a promise to yourself not to accept verbal abuse – and particularly in the patient's presence.

Answers:
A is Incorrect.
Probably overkill.
It would certainly be ideal if the provider apologized to the patient. You did not say whether the patient appeared upset by the provider's outburst. Certainly if the patient appeared upset, it would be a good idea to point that out to the provider and suggest that she apologize to the patient as well.

You might have responded to the provider's, "I'm sorry – bad day." With, "Thank you. Please tell the patient too."

It would be a good idea to tell the patient that the provider apologized to you and said she was having a bad day. You will also need to acknowledge with the patient that the tape caused some damage to the skin and explain how to treat it at home. You will need to do this in such a way as to avoid criticizing the provider or making a case for the dressing you advocated. You do not want to indicate that the provider is incompetent. The provider probably had a good reason for using the stronger adhesive in the OR and probably could not have removed the tape without damage to the skin.

B is Incorrect.
Nurses are advocates for their patients and for themselves.
It's true that nurses do not give orders to providers or tell them how to conduct themselves. However, a nurse, or any person for that matter, has a right and responsibility to object when

another behaves in an abusive fashion. You advocated for yourself by objecting to the provider's abusive behavior.

You advocated for your patient when you identified the reason for your preference for the transparent dressing. The provider might state her reason for preferring the other tape. That's what collaboration is all about: both parties expressing their preferences and goals in the situation.

C is Incorrect.
You're on a roll toward improving communication. Don't waste it!
Feel satisfied that you didn't let the provider get away with it. She knew she was wrong and apologized. You've made a positive start toward straightforward communication with this provider.

Capitalize upon it and build good rapport. Continue to show her your competence and you will continue to earn her respect. By all means do not retreat from this provider, or any other. Patient safety and high-quality care depend upon good communication among nurses and providers. When you make a habit of avoiding a provider you jeopardize patient safety.

D is Correct! Bravo! You followed through on a promise to yourself not to accept verbal abuse, particularly in the patient's presence.

It is never acceptable for a provider to verbally abuse a nurse, even more unacceptable in the presence of a patient. You acted correctly by keeping the patient calm and by asking the provider to step outside with you. Your message to the provider was clear. You began with addressing the abuse. You included a comment about the specific issue and closed on the note of the provider's unacceptable behavior. You will need to document the condition of the patient's skin and call the charge nurse's attention to the injury to the patient. Discuss with her what further action is indicated regarding the injury.

Case Study Five: Ideas to Go: A Doctor Has a Tantrum
Here are some more situations in which these suggestions will help. Can you think of others?

•You can leave an abusive situation. Research has identified the prevalence of failure of healthcare professionals to confront each other effectively (Szutenbach, 2013). The Joint Commission has a standard to address hostile, disrespectful, intimidating behavior in healthcare facilities (TJC, 2010). Protect your self-esteem and prevent adverse consequences of avoiding interaction with physicians – such as failing to call a doctor when necessary.

- Resolve to never to allow a doctor to verbally abuse you in a patient's presence. Look for opportunities to improve communication with doctors. Much of nurses' communication to doctors involves reporting problems. Look for opportunities to report something positive, such as, "Changing this patient's dose has helped – he's more alert and able to move around."
- When in doubt, document, objectively and per policy – in this case: the injury to the patient's skin. "Incision dressing changed by Dr. Monroe. Reddened area 4 cm X 2 cm noted on abdomen where tape was removed."

Did You Know?
Focus on Hostile Behavior in Healthcare Facilities
The Joint Commission (TJC) has a standard that requires facilities to identify and address hostile behavior in the workplace. Facilities accredited by the TJC must implement policy and procedure to identify and deal effectively with incidents of hostile, disrespectful behavior (TJC, 2010).

Case Study Six: Bullying

I've heard a lot about "bullying," "horizontal violence," or "lateral violence." But, I never really thought about it happening to me. I know that one way to prevent a bullying environment is to refuse to participate in gossip. So, when one of the other nurses on my unit started making nasty remarks to me about another nurse, I told her, "I'm really not comfortable talking about other people behind their backs."

Later, I walked into the break room and that same nurse who was making those remarks was talking in a low voice to another nurse. They both stared at me when I walked in and then turned away and started giggling. I'm sure they were talking about me. I'm going to report that nurse to our manager, isn't that the best way to handle it?

A. Yes. Your manager should support a zero tolerance policy for any form of bullying. She will discipline this nurse.
B. Yes. The manager needs to put a stop to it by holding a staff meeting to make an example of this nurse.
C. No. Not the first step. Attempt to handle it with these two nurses first.
D. No. Your first mistake was when you refused to gossip with the nurse. Obviously gossip is part of the unit culture. You have to join in if you want to fit in.

Answers:

A. Incorrect
   It is true that the manager should support zero tolerance for bullying. However, each nurse needs to make that commitment too. You may have to report this to your manager ultimately, but first attempt to handle it with the nurses involved.
B. Incorrect
   The manager might at some point bring up bullying and specifically gossiping in a staff meeting, but the first step in reversing the culture of bullying is to address the gossip with the parties involved.
C. Correct. Each staff member has a role to play in creating a positive work environment free of bullying. You may not be able to change the behavior of that nurse who loves to gossip, but you can make an assertive response to it instead of feeling isolated, stressed, and hurt. Tell these nurses what you perceive – "I think you were talking about me. Please tell me to my face if you have a problem with me so that we can work it out." If the nurse persists in gossiping, you may need to report it to your manager, but at that point, you will be able to report that you attempted to address it yourself before involving the manager.
D. Incorrect. You did exactly the right thing to refuse to engage in gossip. It may have felt uncomfortable, but it is the only way to prevent a bullying atmosphere. This culture of bullying can change only when all staff members refuse to accept it.

Case Study Six: Ideas to Go: Bullying

Bullying includes a number of abusive, disruptive behaviors among co-workers. The results of such behaviors include symptoms of stress, feelings of low self-esteem and dread of coming to work, and poor quality patient care and errors. Bullying behaviors are completely unacceptable and unprofessional.

Examples of bullying behaviors include (ANA, 2012):

- A provider, manager, or co-worker yells or screams at you – either privately or in the presence of others.
- Someone else makes an error, and you are accused of having made the mistake.

- Others start rumors or gossip about you.
- Another person humiliates you in front of others.
- You receive more than your share of undesirable assignments.
- Others sabotage you.
- Others withhold information from you.
- Others ignore your thoughts and feelings.
- Others intimidate you non-verbally by staring or glaring at you.
- Others exclude you from activities and conversations.
- Others threaten you physically.

Everyone in the environment has a role to play in creating an atmosphere of zero tolerance for bullying. Whenever bullying behaviors occur, take the opportunity to assert that the behavior is unacceptable. Conflicts, frustrations, anger over errors, and other upsetting circumstances will arise from time to time in the work environment. However, it is never acceptable to act in a way that is demeaning to another person. For example, a provider may legitimately be angry about an error made in the care of a patient, but yelling, screaming, throwing things, or using demeaning language to a staff member are all unacceptable responses to the situation. Separate the behavior from the situation that provoked it (ANA, 2012; Szutenbach, 2013).

For more information about lateral violence, please see the RN.com course *Lateral Violence in the Workplace: Stop the Cycle*

Test Yourself
True or false:
Behaviors associated with bullying include yelling, physical threats, and gossip.

Answer: True

Case Study Seven: You've Had It!
With most of my RN co-workers, we figure out at the beginning of the shift exactly what the UAP is going to do for each of our patients. When two RNs have to share a UAP, it is important for each RN to take over some of the UAP's responsibilities so that he or she can be available to help both nurses. Usually this works fine, unless I'm sharing a UAP with Michele, who has never learned to share.

Every time Michele and I have the same UAP working with us, something gets confused or left undone. That's because Michele treats the UAP as her own personal assistant and forgets about what we agreed to at the beginning of the shift. Michele intimidates the UAP so that the UAP forgets about whatever we agreed to.

Yesterday, I'd had it! The UAP was taking care of Michele's patients – but we'd agreed that I'd help her make my patients' beds while they were at therapy. I said to Michele, "We agreed that Sara and I would make beds now. She can get back to your patients in just a few minutes."

Michele said, "Don't be ridiculous. Most of your patients aren't even here – what are you going to be doing while they're gone? I need help."

I was getting angry and said, "You'll figure it out. I need Sara's help now."

I left Michele standing there fuming, but at least I felt better. I think I handled it pretty well, don't you?

A. Your solution is only temporary and leaves some bad feelings.
B. You need to report Michele to the charge nurse. Her behavior is unacceptable.
C. You really showed Michele a thing or two. She won't be so greedy with the UAP's time the next time you're assigned together.
D. Obviously planning with Michele is no good. Next time just make a plan with the UAP for your own patients and let Michele figure out how to get help with her assignment.

Answers:
A is Correct! Your solution is only temporary and leaves some bad feelings.
You didn't say how you've been dealing with Michele's lack of cooperation. Since you haven't resolved the problem, you probably have either been picking up the duties that you planned that the
UAP would perform with your patients, or you've been doing what you did here: pulling the UAP to work with you and letting Michele fend for herself. Neither of these approaches solves the problem.
Both fuel anger: on your part, on Michele's part, and probably also on the part of the UAP.

You may have won this small skirmish, but you're escalating a larger war. Michele's behavior is uncooperative to say the least. But, you need to confront her about it directly. Let her know that you want to work with her, but that it seems that she does not honor the plan that you make together at the beginning of the shift. Tell her that you want to make a plan that works. If the plan needs to change during the shift, you'll work with her to change it.

The next time you are working with her and sharing a UAP, tell her you want to make a fresh start in working with her. Come up with a mutually agreeable plan. If she again fails to cooperate it is time to let her know that you're going to talk with your manager about the problem.

B is Incorrect.
How have you tried to resolve the problem?
It's not clear how you've attempted to work more smoothly with Michele. It sounds as though you've continued the same approach of making a plan with her at the beginning of the shift, with the same result: that she deviates from the plan. This approach seems to work with your other RN co-workers, but not with Michele.

If you've brought the problem to her attention in the course of planning for the shift and she still deviates from the plan, then it is time to go to the manager.

But, if you've simply put up with her behavior without clearly letting her know that the two of you need to find a way to work together, it is not yet time to involve the manager. The solution to this problem depends upon establishing good rapport with Michele. If you take the problem to the manager prematurely, you will damage your rapport.

C is Incorrect.
Not so.
You've done nothing to prevent a recurrence of the problem. If anything you've probably provoked Michele's anger and can expect retaliation.

D is Incorrect.
Turnabout is NOT fair play.
If you proceed in this fashion, you are doing exactly what you objected to Michele doing. You need

to collaborate with her to find a way to work together more constructively.

Case Study Seven: Ideas to Go: You've Had It!
Here are some more situations in which these suggestions will help. Can you think of others?

- Recognize and deal with your anger. Take a deep breath to calm yourself so that you can respond in a professional manner. Figure out what is provoking your anger and deal directly with the person or circumstances to eliminate the cause of your anger. You are entitled to be angry, but you have a responsibility to remedy the situations that provoke your anger.
- Often nurses become angry after continuing to accommodate difficult people or accept circumstances that are really unacceptable. Avoid setting yourself up for anger by tolerating unacceptable behavior and situations. Address the issues. Get help from a trusted colleague if needed.

Handling your Anger
Anger is a normal emotion and reaction. The behavior that can accompany anger, however, may become inappropriate in the workplace. This is particularly true in health care settings, when we are caring for patients and families at their most vulnerable times. The feelings of anger can vary from irritation and annoyance to full-blown rage.

To truly handle feelings of anger, it takes time for developing self-awareness. What triggers your anger? Are you able to look at the perspectives of others? Are you expecting self-perfection, or perfection of others? If you are discovering that you are displaying angry behaviors on a regular basis, it may be appropriate to seek other resources for help (National Health Services [NHS], 2013).

Handling your Anger on the Unit
If you feel that you are becoming angry at work, there are some strategies to use in the moment. It is important to take some time, even if just a few minutes, for you to become calm. Take a walk, or try slow, deep breathing techniques. Get a drink of water. Visualization techniques can also be useful (e.g. picture yourself on a beach). Relax your muscles. Try to pause before reacting. Focus on the task at hand. Try not to take a situation personally. When you remain calm in a stressful situation, give yourself praise afterwards. After you have experienced a stressful situation, take some time to reflect later on- what happened, how did you feel, how did you react, what went well or what could be changed next time (NHS, 2013).

Learning to Handle your Anger
• Recognize physical signs that you are getting angry and take a deep breath before responding.
• Take constructive action on the precipitants of your anger.
• Communicate in a direct manner with the person who has provoked your anger, for example: "I'm angry about what you said and I'd like to talk about it."
• "Let's try to work out a solution." Especially useful when the other makes your relationship into a contest.
• "I thought we worked that out, but I guess we didn't. You're not happy with the situation. My job is to work with you. Let's see what we can work out."
• If no constructive action is possible, find healthy ways to discharge the strong physiologic arousal of anger through exercise, laughter, or calming techniques such as meditation.
• If for some reason it is not possible to talk it over with the person who provoked your anger, talk with another person about it. However, choose carefully who you speak with. You don't want to add to unit gossip or choose someone who will add fuel to the fire. Talking it over, even with a person other than the one who provoked your anger is soothing. Doing so will reduce stress and

depression that can result from pent up anger.
• Identify your resources: trusted co-workers who can help sooth you. Identify these individuals before you need them.

Test Yourself
Which is an appropriate strategy to deal with a stressful situation that makes you angry?

A. Immediately confront the person who is making you angry
B. Take a few minutes to yourself to calm down
C. Don't talk to the person who made you angry; just ignore them

Case Study Eight: Your Assignment Is Too Heavy
I'm willing to do my part on the unit, but I'm not Super Nurse.

I don't think it's fair that I seem to be getting all the really heavy, difficult patients. I look at the assignment sheet and it's almost a joke!

I might be the newest nurse on the unit, but I'm still entitled to a fair assignment. I keep thinking that one of these days, the charge nurse will decide that I've been here long enough to be treated like everyone else.

So far that day has not arrived.

I don't think this is safe. It's certainly not fair. How long am I supposed to put up with this?

A. Not a moment longer. Talk with the charge nurse about it.
B. Tough it out until the end of your probation period. Then if things don't change, transfer to another unit.
C. Work it out with one of the other RNs. Put your two assignments together and divide the load evenly.
D. At the end of every shift tell the charge nurse all the things you were not able to get done because you're assignment was too heavy. She'll get the message.

Answers:
A is Correct! Not a moment longer. Talk with the charge nurse about it.
Do not let this fester. Address it with the charge nurse before you begin your assignment. Approach her in a direct, unemotional way. Let her know that you are willing to do your part, but you're concerned about patient safety and giving the best care possible. You don't feel comfortable with the care you're able to give with the assignment. It seems to you that your assignment is heavier than others.

"It seems to me…" is an important part of this communication. You are sharing your perceptions. You are not accusing the charge nurse of making inappropriate assignments.

You are giving the charge nurse an opportunity to explain. She may have information unknown to you about the patients, the staff members, or special circumstances. If you raise your concern in an objective, professional manner, she may explain.

Prepare yourself to respond if she asks sincerely, "What do you think would be more fair?"
She may not respond positively. Usually, people don't jump at the chance to re-do something they thought was OK. Maybe there is no possibility of revising today's assignment. But, you

have registered your concern. What you said about giving safe care caught her attention. If today's assignment cannot be changed for whatever reason, do your best to give the essential aspects of care. Let her know your plan.

Although she may not want to hear it, she will respect you for raising your concern. A wise charge nurse knows that an assertive nurse is an asset to the unit.

B is Incorrect
You might not make it!
If things are as bad as you describe them, you may not make it to the end of your probationary period without a serious error, a serious problem with built up anger, symptoms of stress, and/or burnout. Take care of this immediately. Address the problem directly with the charge nurse. Planning to transfer to another unit is literally running away from the problem. You might very well experience a similar problem in the unit to which you transfer. You might decide to transfer for other reasons, but to do so without addressing this situation is a poor choice. Advocate for yourself.

C is Incorrect.
How would you like to be on the receiving end of that idea?
How would you respond if an RN co-worker suggested that to you? Hopefully you'd tell that nurse to take it up with the charge nurse. The charge nurse is accountable for the assignment and for knowing what the staff members on duty are doing. If you take matters into your own hands you are acting in an insubordinate way. You are also damaging your rapport with the charge nurse and your co-workers.

D is Incorrect.
That's what passive-aggressive looks like.
If you're falling behind, the charge nurse needs to know as it is occurring. The charge nurse is accountable for getting the shift's work accomplished. If you wait until the end of the shift there will be no possibility of getting the work done on time. Maybe you're thinking that that would be just fine because it would reflect badly on the charge nurse who you see as being at fault for making an unjust assignment. But think that through. How will it affect your rapport with the charge nurse? How will it affect her appraisal of your performance and your judgment? She will pass on those appraisals to the manager.

Maybe it seems easier to just get co-workers to help you out when you need it. That does get the work done, but the charge nurse needs to know that you needed help to get through the shift. That's feedback to her on the assignment she made.

Here are some more situations in which these suggestions will help. Can you think of others?

- Never allow yourself to be placed in an unsafe situation. If you truly believe that your assignment is unsafe, you must address it with the charge nurse. If she does not make some adjustment to assure safety, you must pursue the chain-of-command.
- Resist the temptation to work around the system and solve problems on your own. You may get a result that seems acceptable to you, but the underlying problem remains unresolved.

Maximize your Time Management

• Limit interruptions.
• Concentrate on one task at a time.
• Plan to complete unpleasant tasks as soon as possible.
• Say "No" to illegitimate requests.
• Identify the things you can control and then structure your work day for satisfaction, reward, or empowerment.
• Talk through your assignment with other RNs or with the charge nurse. They may have some tips for you. That communication also advises them you may need help during the shift.
• Use I-messages to communicate with others about your needs:

"I need to finish this. Be with you in 10 minutes."

NOT: "You need to help me with this so we can get out of here on time."

Instead, "I need some help here, please help me get this done correctly."

NOT: "Why don't you hang this IV for me? You're all caught up."

Instead, "I've got to give these meds via EFT right away, but I know Mr. Harris' IV is about to run out. Could you please give me a hand?"

• Sometimes "you" is OK, as in "How would you handle this?" or "Can you and I work together on this?"

Case Study Nine: Someone Else Makes a Mistake

We got a patient back from the cardiac cath lab. He had two IVs running and both were on IV pumps. The UAP and I were getting him settled when I got a call over the intercom to give a med to another patient. We were just about finished settling the cardiac patient and I'd already assessed him and recorded my assessment – he was stable and comfortable. I left the UAP to finish up.

An hour later I went to check on him. Neither of the IVs on the pumps was running. That could be a big problem with the cardiac meds he was on! I checked out the pumps and immediately saw the problem. The UAP never plugged them in AND the alarms were turned off – maybe someone in the cath lab did that.

They couldn't have been stopped very long because they were only a little behind and I got them running again with no problem. The patient was fine. He looked concerned that I seemed concerned, so I reassured him.

Then I went looking for that UAP. I plan to drag him back in there, show him what he did wrong and tell him how serious that could have been. Good plan?

A. Absolutely. Create a little fear so he won't forget to plug in a pump again.
B. Don't take him in the room. You'll scare the patient. Let him know he's on thin ice. He should be disciplined for that mistake.
C. Privately give him specific feedback about what he did wrong and how to do it right. Then show him what you mean in the patient's room.
D. Give him a detailed explanation about the potential risks with those meds. That should let him know how serious his mistake could have been.

Answers:

A is Incorrect.

Fear is not the answer.

Your objective here is not to frighten the UAP. It is to assure that he knows what to do and can do it correctly. And, in this case that he has a plan to prevent him from forgetting to plug in IV infusion pumps in the future. If you create too much anxiety over the mistake, he may not pay

attention to the message. Give feedback in a neutral and straightforward way:
• What happened
• What should have happened
• What the consequences might have been
• How to prevent recurrences in the future.

B is Correct! Don't take him in the room. You'll scare the patient. Let him know he's on thin ice. He should be disciplined for that mistake.

Corrective feedback needs to take place in private. It is respectful of the person who is receiving the feedback and also allows that person to concentrate on the message rather than being concerned about who else might be overhearing the interaction. Effective feedback includes specific information about how to perform the task correctly and verification that the person receiving the feedback interpreted the message correctly. Ask him how he can be sure to remember to plug in the pumps in the future. This is likely a situation that could recur because the UAP often assists with transferring patients to and from the bed as well as with ambulating patients.

In private, emphasize how crucial the continuous infusion of the medication is for this patient. Use simple and clear terms. Since this incident involved specific equipment, go with the UAP into the room and assure that he can show you exactly what he should have done, including recognizing the alarms were off. Avoid making any comments in the patient's presence.

You did well to reassure the patient when he recognized your concern. Patients appreciate knowing their nurses are vigilant.

C is Incorrect.
Show him the way.
This response has two problems:

One: You do need to show him exactly what he should have done. It is true you want to avoid upsetting the patient. That is why it is important to discuss the situation in private before going into the patient's room.

Two: Your feedback must be specific to the incident. Avoid distracting the UAP from the point. The point is safe care in this particular situation. You will dilute the message and distract him from the point if you bring in other issues or overall performance. Your responsibility is to give him feedback on this incident and assure that he knows how to plug in the pumps, identify whether the alarms are off, and remind him to plug in the pumps after transferring or ambulating patients who have IV pumps.

D is Incorrect.
You're missing the target.
The target is the UAP's performance. He needs to know exactly what he should have done. You need to assure yourself he can perform correctly and he'll take measures to remember what needs to be done. It is fine to tell him in simple terms how serious the outcome could be, and in fact, you should do so. However, his education and training have not prepared him to comprehend lengthy physiologic explanations. And, even if he has education beyond the level required for his job, the point of your feedback needs to be his specific performance in this situation.

Case Study Nine: Ideas to Go: Someone Else Makes a Mistake
Here are some more situations in which these suggestions will help. Can you think of others?

- Give specific corrective feedback that indicates what exactly the correct procedure or response is. Assure yourself that the person to whom you give feedback understands and interprets your message as you intended. If you are correcting skill performance, ask the person to demonstrate the correct practice to assure that he understands.

- Always give corrective feedback in private. If the situation requires some follow up in the presence of the patient, prevent the patient from becoming alarmed and offer reassurance if needed.

- If someone else has made a mistake in patient care, first assure the patient's safety and comfort before dealing with the mistake. Discuss the mistake privately with the person involved and explain the patient safety risk in terms understandable to the person. For example, an explanation to a PCT is most effective in simple terms without detailed explanations about medications or pathophysiology.
- When you are the one receiving corrective feedback:
    - Ask for very specific feedback so that you clearly understand what you should have done differently.
    - Insist that corrective feedback occur in private.

Giving Feedback Effectively
• Focus on changeable things.
• Describe what you observed, THEN compare what you saw with the standard.
• Make specific, concrete, detailed statements. Offer specific POSITIVE too.
• Be specific about not only what was good, or unacceptable, but also exactly why it was, i.e., what the effect of the action was. For example, "That was good timing to ambulate your patient right after breakfast. It probably helped her to have a bowel movement."
• Give immediate feedback. Immediate feedback is most effective. If you must wait to give feedback, be sure to specifically identify the incident.
• Choose appropriate times. Give feedback in private. If you must intervene in front of patients or others, say as little as necessary to make the situation safe. Harsh words can damage rapport and damage the trust that patients must be able to place in this person.
• Choose one issue to work on at a time. Do not overwhelm the individual with information or counseling.
• When giving corrective feedback, identify exactly what needs to be improved. Refer to the performance standard and if appropriate, the rationale. Demonstrate if indicated. Obtain a commitment to improve.
• Tell the UAP that you will give them prompt feedback when you see improvement.
• Congratulate your UAP on his efforts and improvements

Test Yourself
Which is an important consideration when giving effective feedback?

A. Be specific and concrete
B. Don't give immediate feedback. Write it down for later
C. Bundle your concerns so you can give feedback all at once

Summary
Practice the suggestions in this course and tailor the suggestions to realistic situations on your unit.

The process of mastering any new skill includes setbacks and requires persistence – do not be discouraged.

Seek feedback, support, and encouragement from your colleagues.

For more information on professional and communication topics, see many other courses available on RN.com.

Conclusion
As you studied this course, you have had the opportunity to practice advocacy through the use of case studies and follow up information. You have learned to:

- Describe how to give and accept compliments in a professional manner.
- Explain how to respond to a patient's criticism of your care.
- Give examples of professional responses to the anger in the workplace, such as:
    - An inappropriate expression of anger by the manager
    - An expression of horizontal hostility by a peer
    - Verbal abuse by a doctor
- Describe constructive ways to manage your own anger in the workplace.
- Explain an effective response to receiving an assignment that is too heavy.
- Identify important features of giving corrective feedback.

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Resources

The American Nurses Association (ANA) has developed resources to assist nurses in preventing and addressing workplace violence. Access ANA resources at http://nursingworld.org/MainMenuCategories/WorkplaceSafety/workplaceviolence

At the time this course was constructed all URL's in the reference list were current and accessible. rn.com. is committed to providing healthcare professionals with the most up to date information available.