



DE-ESCALATING VIOLENCE IN HEALTH-CARE SETTINGS





Setting the scene

MODULE 1



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Contents

- Course introduction
- Objectives
- Health Care in Danger
- The prevalence of violence against health care





Ground rules

- Be respectful.
- Start and finish on time.
- Silence mobile phones.
- Raise your hand to participate.
- Take part in activities and communicate.
 - ▶ Ask questions.
 - ▶ Share experiences and ideas.
- Practise teamwork.





You'll learn ...

... evidence-based techniques for de-escalating tension in the workplace.

You'll gain ...

... improved communication and listening skills that you can use with colleagues, patients and carers every day.





Work in pairs: Introductions

- Introduce yourself to your partner.
- Spend two–three minutes each asking your partner questions about themselves.
- Using what you've learned, introduce your partner to the rest of the class.



General discussion: Expectations



What do you expect to learn in this course?





Health Care in Danger

Initiative of the International Red Cross and Red Crescent Movement

Goals

- Address violence against patients and health workers, facilities and vehicles
- Ensure safe access to health care in armed conflict and other emergencies

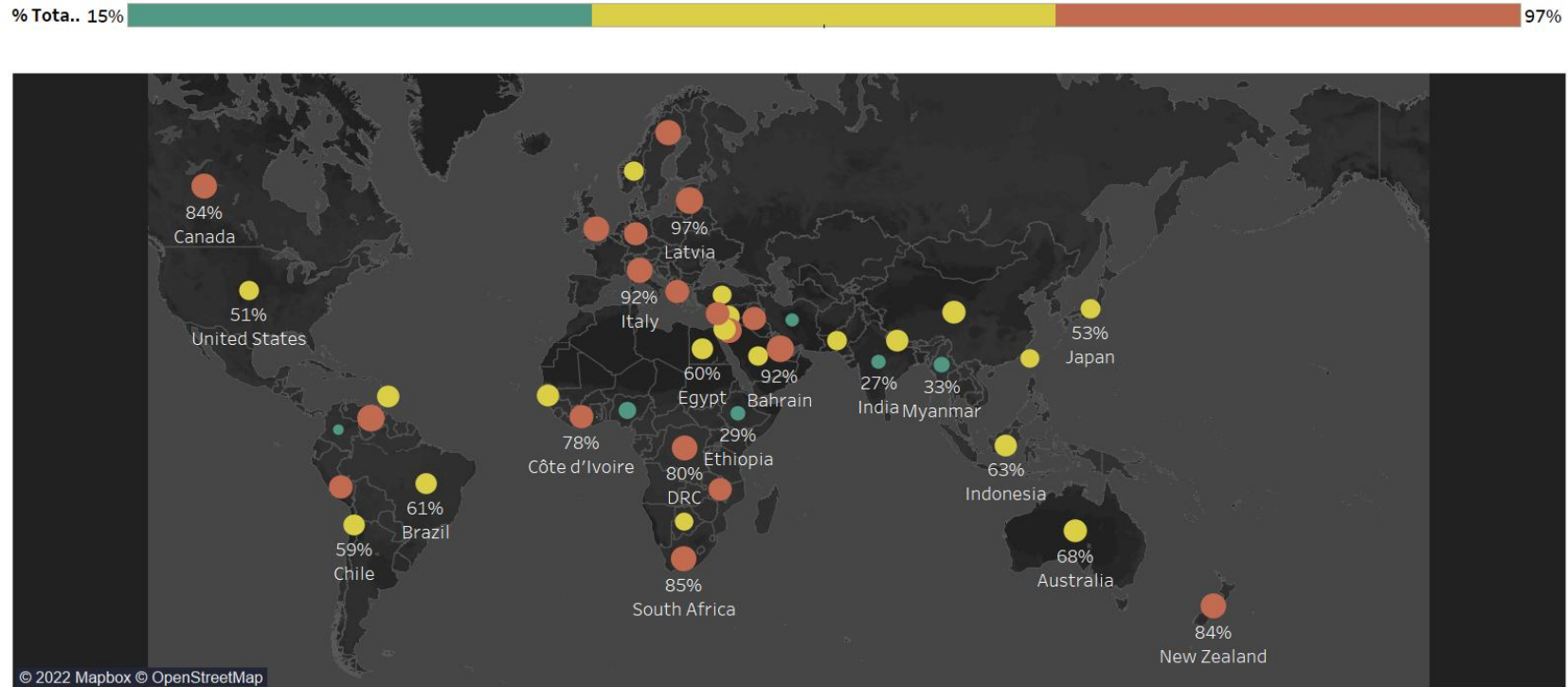
Activities

- Advocacy and coalition-building
- Collecting an evidence base
- Developing concrete, practical solutions





Violence in health-care settings happens everywhere.



Around the world, **15 to 97%** of health-care personnel have been exposed to violence.

(Source: ICRC, *Gathering Evidence-Based Data on Violence against Health Care*, ICRC, Geneva, 2020.)





Risk factors

- Understaffing or staff working alone
- Transporting patients in vehicles
- Long waits
- Overcrowding
- Insufficient lighting
- Inadequate security policies
- Unrestricted movement of the public
- Substance abuse and mental-health conditions
- **Lack of staff training and policies for preventing and managing violent situations**





Types of violence

Proactive violence

Violence that is deliberate and planned, such as:

- bombing ambulances
- burning down health centres
- killing staff in a planned attack
- arresting patients

Reactive violence

Aggressive behaviour that occurs when the person is angry or otherwise emotional, such as:

- threatening staff after receiving bad news
- calling staff names when a particular service is unavailable
- trying to attack someone because of a misunderstanding or disagreement





Responding to proactive violence



Take safety measures.

Reduce exposure, mitigate potential consequences:

- Flee the scene if possible.
- Activate security protocols.
- Protect yourself from harm.
- Help others to safety.





Responding to reactive violence



Use de-escalation skills.



De-escalation skills must only be used when no weapons are present. If weapons are present, activate security protocols and minimize possible harm.





Understanding violence in health-care settings: Causes and effects

MODULE 2



Contents



- Violence in health-care settings
- The causes and effects of workplace violence
- Your responsibilities and rights





Violence in health-care settings

- Most common at emergency services, pre-hospital services (ambulances), surgical sites, and obstetrics and gynaecology wards
- Also occurs during triage, in exam rooms and in reception areas
- Often considered to be part of the job
- Includes physical *and* verbal abuse – both can harm physical and mental health





Work in pairs: Your experiences

- Reflect individually on violence you have experienced – or heard about – and try to identify potential triggers.
- Share those experiences and your thoughts on them with a partner.
- Assemble a list of both of your experiences to present to the class.

Please note – you do not have to share your own experiences if you are not comfortable doing so. You are welcome to simply listen to what others have to say.

Follow-up: Can we describe what are the violent acts?





What is workplace violence?

Verbal violence / emotional abuse

Inflicts psychological or emotional pain

Examples

- ▶ Name-calling
- ▶ Insulting language
- ▶ Threats
- ▶ Harassment
- ▶ Degrading treatment, like discrimination or humiliation

Physical violence

Also inflicts physical pain

Examples

- ▶ Pinching
- ▶ Pushing
- ▶ Throwing things
- ▶ Kicking
- ▶ Biting
- ▶ Slapping or punching
- ▶ Shooting





Violence affects different people differently

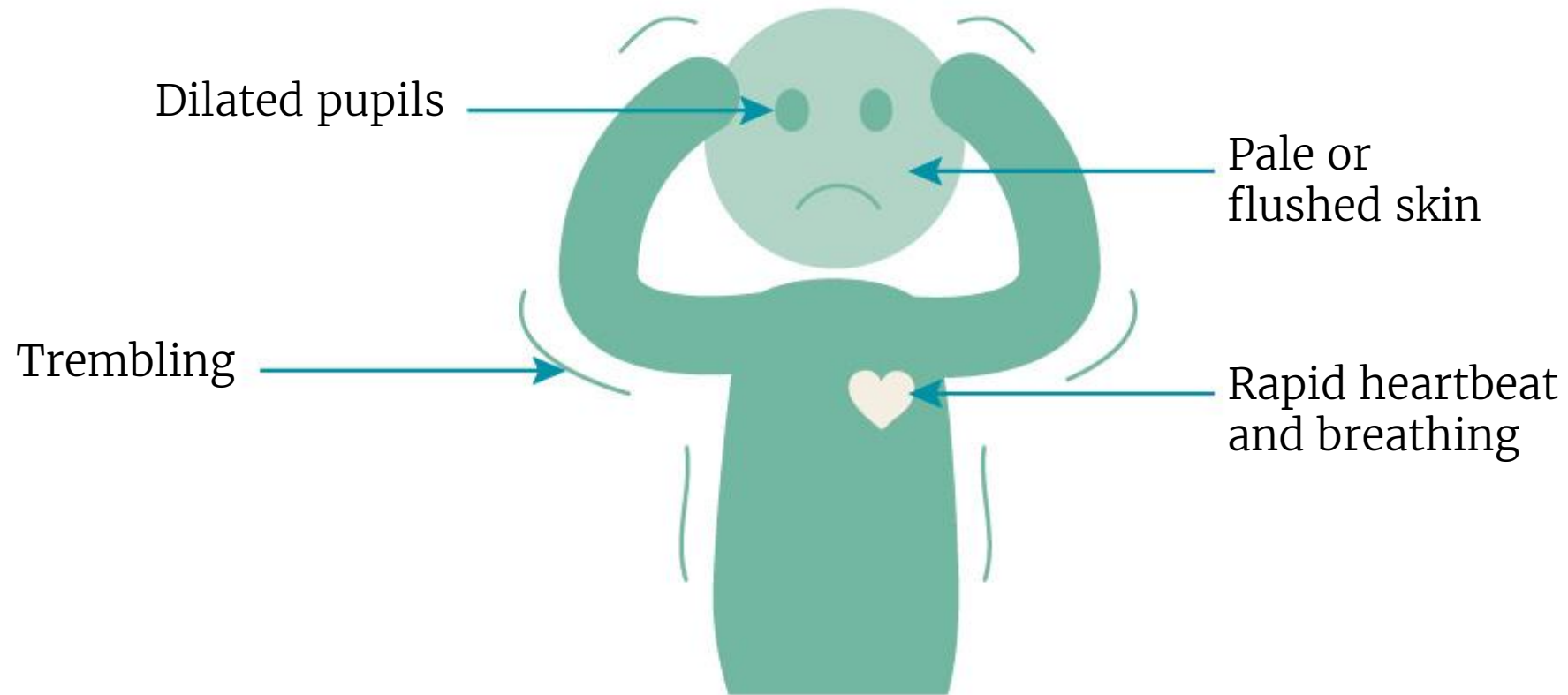
- Effects: physical, emotional, mental, behavioural, social
- Onset: immediate or delayed
- Duration: short or long
- Some possible consequences: emotional distress, frustration, anger, decreased satisfaction with work, desire to quit

Factors such as our personal history and social support network also play a role in violence's effects.





Bodily reactions to violence





Why does tension turn into violence?

- We want to win the argument.
- We want to get our own point across and aren't listening.
- We feel attacked and defensive.
- Our bodies are in panic mode.

These reactions are involuntary and more likely to occur when we're already stressed or tired.

The other person is probably having the exact same experience.



Group discussion: Your thoughts and feelings



Questions for discussion:

- Have our own emotions and well-being ever affected how we deal with patients and carers?
- Are there situations in which we don't listen to patients with the primary intention of understanding and instead rush to respond?
- Do we usually communicate clearly?
- Are we open to feedback from patients and carers?





Your responsibilities

- To treat people with humanity and respect
- For health workers, to provide impartial care to all who need it, with the highest achievable quality of care
- To respect patients' dignity and autonomy and preserve medical confidentiality
- Not to exploit patients' situation or vulnerability
- To do everything within your power to prevent violence against patients, other people working in health-care settings, and health-care facilities
- To refuse to obey orders that are unlawful or that compel you to act contrary to health-care ethics

For more information on your responsibilities and rights, see: ICRC, Health Care in Danger: The Responsibilities of Health-Care Personnel Working in Armed Conflicts and Other Emergencies, ICRC, Geneva, 2012.





Your rights

- To be respected in the performance of your duties, including not being subjected to violence (a right shared by the patients being cared for)
- For health workers, to provide care to all who need it, without adverse discrimination
- Not to be punished for discharging your responsibilities in accordance with accepted standards of health care
- Not to be compelled to act contrary to the law or health-care ethics
- Not to be compelled to give information about patients beyond what is required by domestic law or regarding notification of infectious diseases
- Not to be punished for disobeying an illegal or unethical order





Learning key behaviours for preventing and de-escalating tense situations

MODULE 3





Contents

- Triggers of violence
- Patients' and carers' perspective
- Key behaviours for fostering a respectful environment and de-escalating tension
- Practice





General discussion

Let's review: Why does tension escalate into violence?





What triggers frustration and anger in patients and carers?

- Worry about their/their loved one's health
- Bad news
- Heightened stress and anxiety
- Expectations not aligned with reality
- Long wait times
- Unexpressed questions and fears
- Seemingly unsympathetic or insensitive responses from staff
- Prior bad experiences



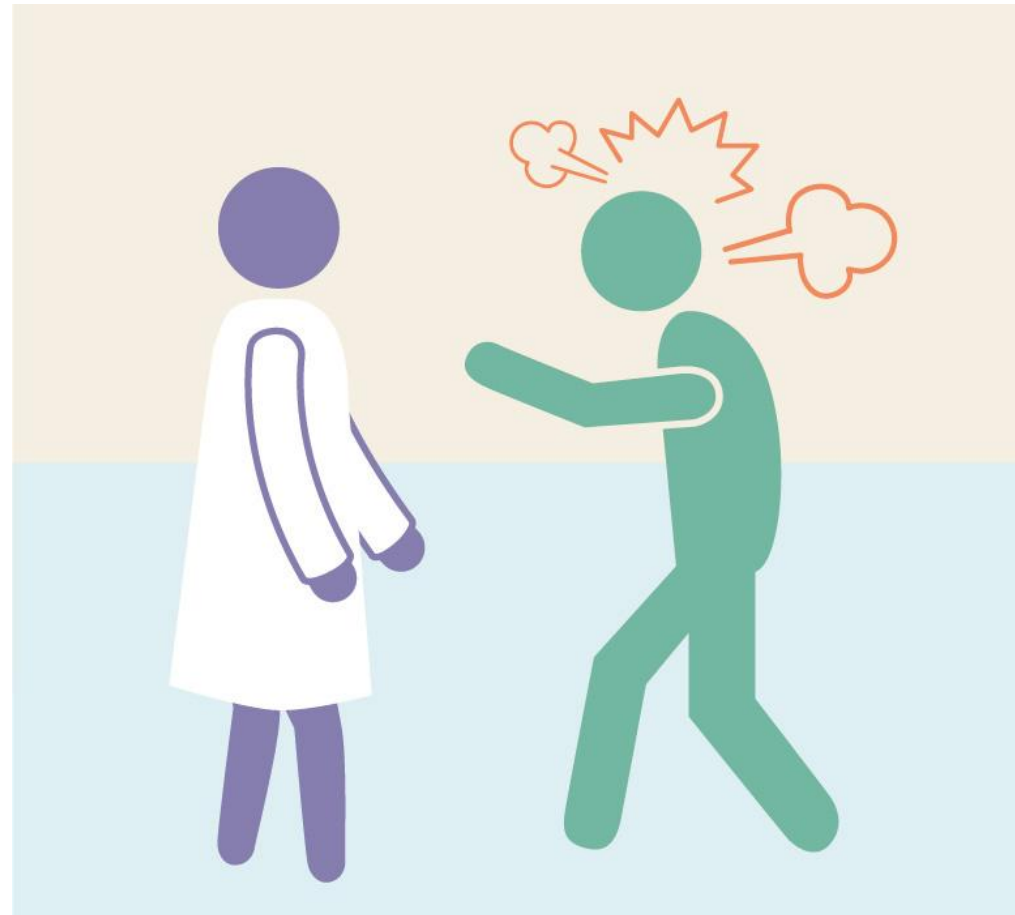


Calm, controlled behaviour and de-escalation techniques must become a habit – this means practice!





What do you think has happened here?



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Case study 1



- Mr X and his wife, Mrs Y, arrive at the emergency room.
- Mrs Y has severe, uncontrollable pain.
- They have travelled two hours to the hospital.
- There is a long queue.
- After 30 minutes, Mrs Y's pain is worse, but they are still waiting.
- When they are finally called by the nurse, the nurse doesn't look at Mr X and keeps taking telephone calls as Mr X is speaking.
- Mr X tells the nurse his wife needs to see a doctor urgently. The nurse ignores Mr X, asking him to fill in forms and wait to see a doctor. The nurse does not say how long the wait is likely to be.
- Mr X and Mrs Y wait for another hour. No one speaks to them. Mr X tries to speak to passing nurses, but he is ignored.
- Eventually Mr X becomes so angry that he starts shouting at a nurse.





Group discussion

If you were Mr X, how would you feel?

Does the scenario feel familiar?

Simple behaviours can help you to spot and reduce tension in these situations.



Be alert for warning signs



In other people

- Tensed body (e.g. clenched fists, tightened jaw)
- Prolonged or increased restlessness
- Not respecting personal space
- Touching or grabbing
- Excessive hand gestures, pointing fingers
- Threatening gestures or speech
- Raised voice
- Rapid or agitated speech, often with repetitive demands or complaints
- Unclear or emotional reasoning or speech
- Other signs?





Be alert for warning signs

In yourself

- Excessive fatigue or tiredness
- Daytime sleepiness
- Sadness, anger or frustration
- Irritability
- Other signs?



Be alert for warning signs



In the environment



- Crowded spaces (especially waiting areas)
- Prolonged wait time
- Absence of personnel giving information or care
- Shift rotations, handovers
- Delivery of bad or frustrating news
- Increased influx of people to the health facility or in the vicinity
- People under the influence of alcohol or other drugs
- Other signs?



Be respectful at all times



- Listen actively.
- Don't interrupt.
- Offer a calm, private place to speak.
- Offer them a seat – people who are seated are less likely to become violent.
- Preserve medical confidentiality and patient privacy.
- Don't give your personal opinion.
- Don't make promises that can't be kept.





Listen actively



- Give your full attention.
- Don't do something else at the same time.
- Use non-verbal signals to show you're listening.
- Show that you are available – don't rush from one question to the next.





Demonstrate interest and check for understanding

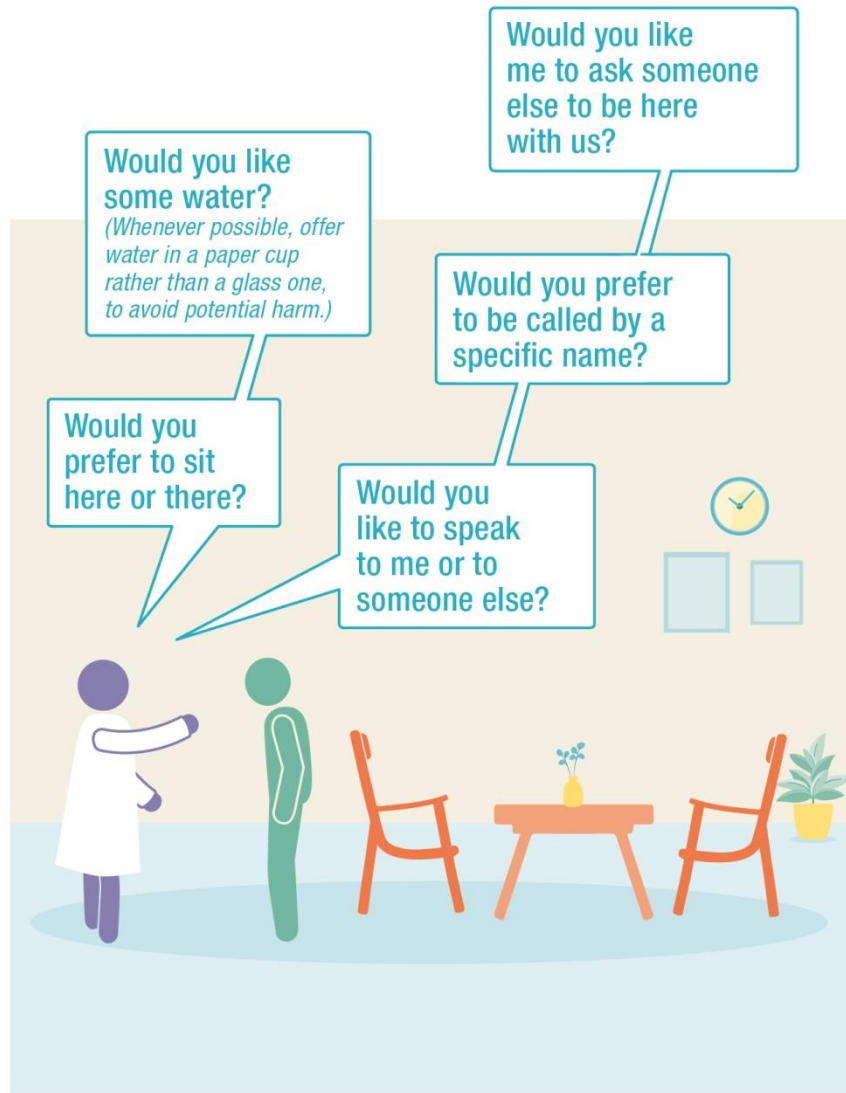


- Provide verbal reassurance.
- Without interrupting, repeat or paraphrase what the person has said.
- Give them the chance to express their thoughts and feelings, even if you don't agree.
- Use language that the person can understand.
- Ask whether they have questions.





Offer choices



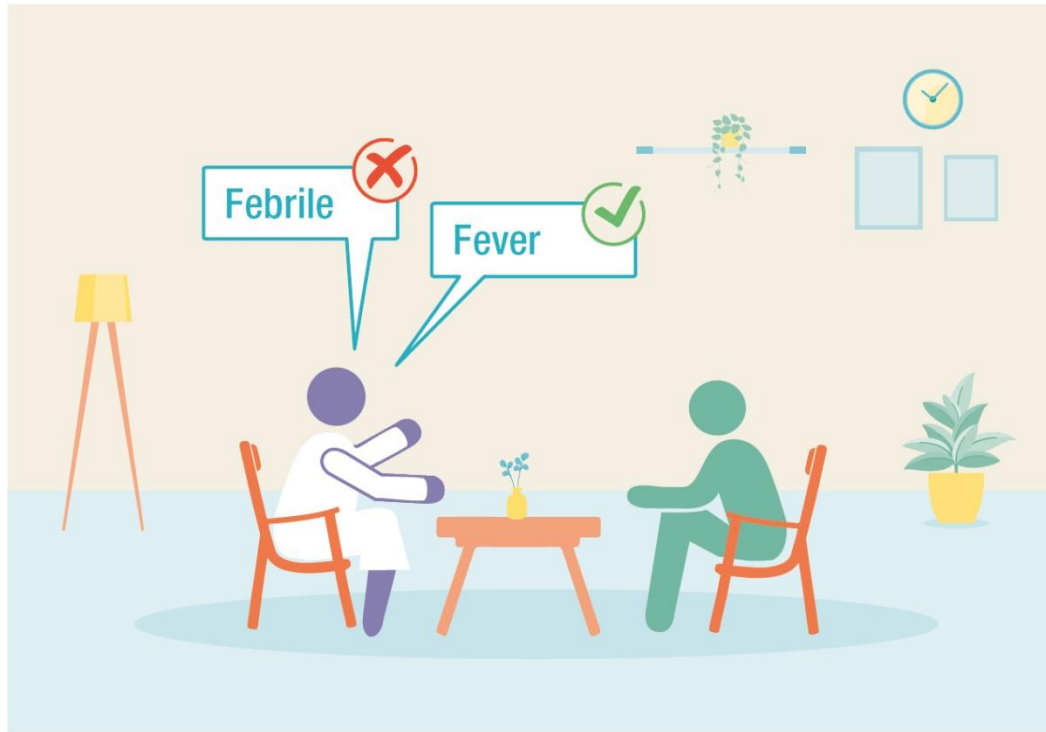
When given choices, people feel that they have more control over the medical process and may calm down.

Ensure that you are offering a choice that you can deliver on.





Avoid jargon



- Use clear, straightforward language.
- Avoid abbreviations or terms not used in everyday speech, e.g. for:
 - locations in a facility
 - medications
 - procedures
 - conditions.





Watch your body language

Don't:

- cross your arms
- stare
- stand too close
- stand over people
- point at people
- make sudden movements that might seem aggressive
- stand directly in front of people.

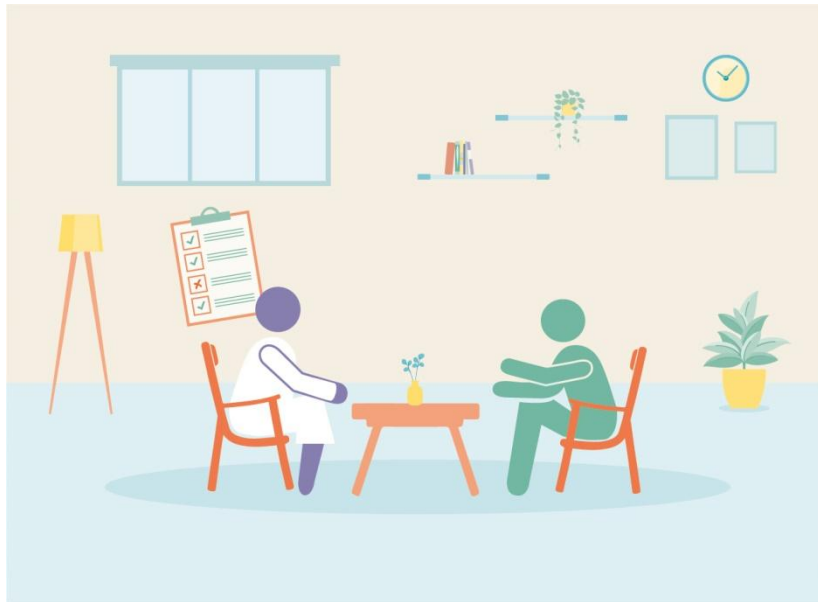
Do:

- sit or stand at a slight angle
- keep at least a metre between you and an agitated person
- pay particular attention when wearing a mask, as it may be more difficult to read your face expression
- Use encouraging body language, as we'll see in Module 4





Constantly evaluate the situation



- Get help from a colleague if you cannot handle it yourself.
- If someone's behaviour is making you uncomfortable, telling them so may prompt them to change their behaviour.
- If you fear someone is carrying a weapon or encouraging others to become aggressive, immediately inform your colleagues to increase security and, if possible, evacuate people from the area.

Remember:

- De-escalation skills cannot be used when physical violence is imminent.
- You are responsible for your own safety and must take steps to get out of potentially violent situations.



Extra tips



- Do not have around **items that are (or can be) sharp or that can be thrown and harm someone** (e.g. scissors, glass or ceramic cups, heavy decorative items).
- **People will react differently to different staff members.** If the agitated person has a better relationship with one of your colleagues, ask them for help.
- **Avoid sitting far from the door** or having your exit obstructed. If possible, ensure you can call colleagues for support when needed.
- If you are not inside a health facility, **make sure you can get to the nearest way out**, e.g. your vehicle or the front door during a home call.
- Decide whether **telling the person you are not comfortable with their behaviour** will help calm them before you are forced to leave.
- Invest in “soft asks” for respect, **using posters, stickers or other visuals** with messages like “Please respect the staff – we are here to help!” or “This is a place of healing – please treat everyone with respect.”



Extra tips



If you need to deliver frustrating or sad news:

- speak in a private area when possible, leaving time and space for people to be silent or express their feelings and grief privately and in their own way
- if there's a risk that the recipient of the news will become violent, have a second staff member present
- use clear language and ask whether they have questions
- remember that this might be a very sensitive moment and they might not be ready to process all of the information – always let them know they can come back later to ask further questions.

Don't pass on the message that people who shout will get served first – others may do the same! Listen to the person's complaints, express understanding and explain what can or cannot be done, but avoid at all costs associating aggression with positive outcomes.





**Let's revisit Mr X and Ms Y in
the emergency department ...**



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Which of the behaviours you have just learned could be used in the situation with Mr X and Mrs Y? How?





Case study two

- Mr Z is brought by his family to the hospital with a bullet wound.
- Doctors try to save him but are not successful – he dies.
- They do not speak with his family about their efforts.
- Mr Z's family assumes that he died because the doctors did not properly do their jobs.
- Family members become very distressed and threaten staff with violence.





General discussion: Which behaviours could help?





Communicating and engaging with people

MODULE 4



Contents



- Further behaviours for communicating with patients and carers
- Practice using role play





Put yourself in their shoes!

Considering what the other person might be thinking and feeling will help you to understand the cause of their distress and, ideally, help you prevent it from escalating.



Simple behaviours for better communication



- Listen
- Offer
- Wait
- Look
- Incline
- Nod
- Express



Adapted from: M. Lowry, G. Lingard and M. Neal, “De-escalating anger: A new model for practice”, *Nursing Times*, Vol. 112, No. 4, July 2016, pp. 4–7: https://cdn.ps.emap.com/wp-content/uploads/sites/3/2016/07/270716_De-escalating-anger-a-new-model-for-practice.pdf.



Listen

- Give the other person time to explain, not argue.
- Explore the causes of problems and possible solutions.
- Use open-ended questions, such as “can you tell me more about that?” or “what happened then?”
- Do not be judgemental, and never criticize their character or appearance.

Offer

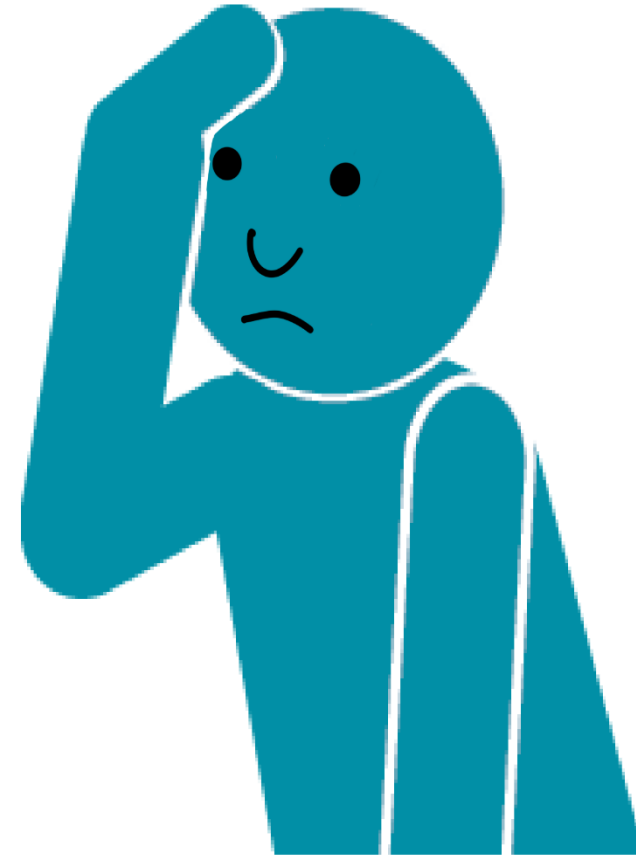
- Offer the person the opportunity to express their feelings, in private if possible.
- Do not argue, offer advice or defend yourself – allow them to keep speaking.
- Let them know you are there to help, not to be a hindrance.





Wait

- Avoid the temptation to fill silences!
- Give the person time to express how they are feeling, without jumping in.
- If the silence feels uncomfortable, try to count down slowly from ten before speaking.



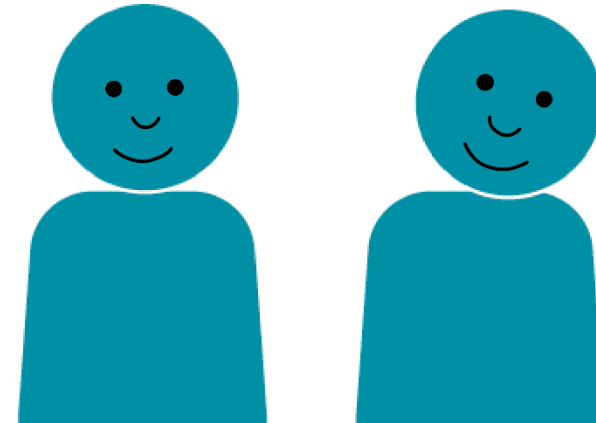


Look

- Eye contact must feel appropriate.
- Based on the person, culture and context, determine how much eye contact is likely to be acceptable.
- Other facial expressions/body language can also communicate supportiveness and attention.
- Smile when appropriate; otherwise maintain a neutral expression.

Incline

- Slightly tilting the head to one side helps to communicate interest and attention.
- It also helps to make you appear non-threatening.





Nod

- Nodding can tell the person you are paying attention and willing to listen without interrupting.
- But note: nodding excessively can communicate impatience.

Express

- Express understanding of the person's feelings – use short sentences and avoid validating aggressive behaviour.
 - ▶ Example: “I can understand why you feel frustrated”
- Paraphrasing can also work: try to recap what the person has said using different words. This shows you are listening and gives them the chance to correct misunderstandings.





Work in pairs: Role play



Scenario 1



Patient

- You come to the health centre because your leg is hurting after being bitten. It may be infected.
- There are a lot of people waiting, it is hot, and you feel sick.
- It seems like others are being helped faster than you, especially people carried in on stretchers. This annoys you.
- By the time you get to speak to a nurse, you are feeling really unwell and frustrated.

Nurse

- You are the nurse that the patient finally meets with.
- You need to explain that the queue to see the doctor is long.
- You need to explain that many people who are coming in have urgent problems, such as open wounds.
- Use some of the behaviours you have learned to de-escalate the situation and communicate better.



Scenario 2



Family member

- You come into the emergency room with your brother after a motorbike accident.
- He is rushed to the triage area, where staff are assessing his injuries.
- Meanwhile, you are at reception giving your brother's details.
- The receptionist asks for insurance.
- You say that he doesn't have any insurance and you thought emergency treatment was free.
- The receptionists says you need to pay part of the fees in advance to get any treatment.
- You start to shout at the receptionist.

Receptionist

- You have been working all night and are tired, and your co-worker has not come in to work, so you must manage on your own.
- The management has recently instituted a new policy requiring all patients without insurance to pay part of the fees before getting treatment.
- Use some of the behaviours that you have learned to de-escalate the situation and communicate better.





Scenario 3

Patient

- You have broken your arm and have been admitted to the hospital for an operation.
- You are in pain but are sitting waiting patiently for a bed to free up.
- After several hours, no one has told you how long it will be until a bed is free.
- You try to speak to a staff member, but they don't know anything about your case.
- Eventually a health-care worker comes to tell you that your operation will be delayed.

Health-care worker

- You recently requested leave and are frustrated that your request was denied.
- You are bringing bad news: the operation will be delayed further.
- Use some of the behaviours that you have learned to de-escalate the situation and communicate better.



Scenario 4



Parent

- You have come into the local health centre to get a vaccination for your child.
- You had to walk over three hours to get there and take time off work, which will cost you a day's pay.
- When you get to the health centre, you are told that no vaccinations are being given today – you must go home and come back another day.
- You become very angry and start shouting at the nurse.

Nurse

- You have been at work all day, and it has been very busy.
- At the end of your shift you are asked by a parent when they can get a vaccination for their child.
- You tell them that vaccinations are only given on a specific day of the week, which is not today.
- Without any warning, they begin to shout at you.
- Use some of the behaviours that you have learned to de-escalate the situation and communicate better.





Scenario 5

Family member

- You have come into the emergency room with your brother after a motorbike accident.
- He is rushed into the triage area where staff are assessing his injuries.
- Your brother was badly wounded, and you have not received any news, so you are very anxious and agitated.
- After several hours, the doctor comes back to speak with you.

Doctor

- You tried your best, but the patient died.
- You see the patient's distressed sibling in the hallway and fear they will not take the news well.
- Use some of the behaviours that you have learned to de-escalate the situation and communicate better.





Taking learning back into the workplace

MODULE 5





Contents

- Recap of key behaviours
- Discussion of challenges encountered
- Teaching through practice





General discussion: Recap

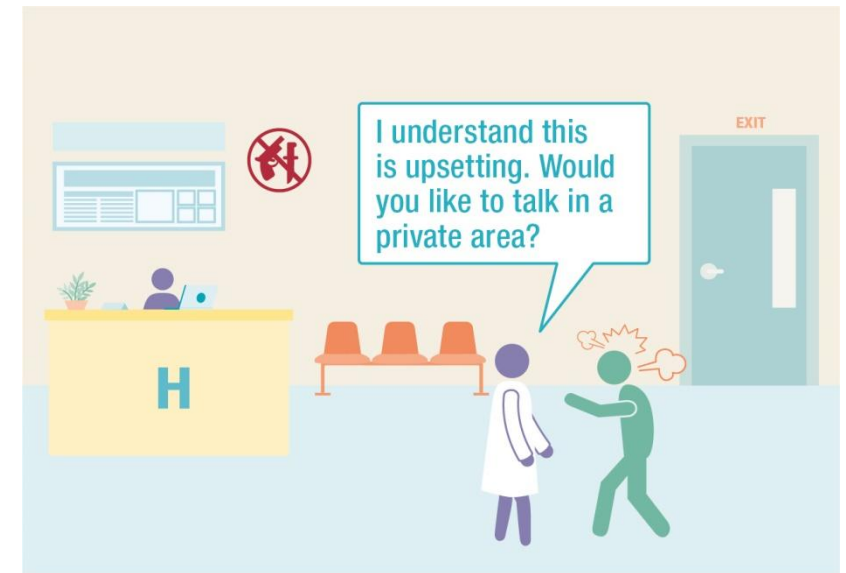
Is there anything you don't understand about the behaviours that have been discussed? Are there any behaviours you're unsure how to use?





General discussion: Challenges

What were some of the challenges you met when you tried to put the techniques into practice?





Practise the skills for further learning

- Play out scenarios in your head, and decide which skills you would use.
- Discuss the skills with colleagues, and role play using them with real or invented storylines.
- Challenge yourself to put them into practice as soon as you get back to work. Reward yourself for successfully using the skills in moments of real tension or conflict.





Transfer your skills

- Teach your colleagues what you have learned and the benefits.
- Use your new skills – others will notice and use them too!



A leaflet and poster are available to take back to your workplace.

You will also take your participant handbook with you!

DEFUSING VIOLENT BEHAVIOUR IN HEALTH-CARE SETTINGS



LOOK OUT FOR WARNING SIGNS

Escalating interpersonal tension can lead to distress and changes in behaviour. Watch out for these signals:



IN ONESELF OR COLLEAGUES

- Excessive fatigue or tiredness
- Daytime sleepiness
- Unexplained sadness
- Anger and frustration
- Low tolerance levels



IN PATIENTS, THEIR FAMILY AND COMMUNITY MEMBERS

- Tense body language (clenched fists, tightened jaw)
- Agitated speech, often with demands and complaints
- Raised voice
- Restlessness
- Excessive hand gestures
- Threatening words or gestures



IN THE WORKPLACE (LIKELY HOTSPOTS AND TRIGGERS)

- Crowded spaces, especially waiting areas
- Prolonged waiting time
- Absence of personnel to offer guidance
- Shift rotation and handovers
- Delivery of "bad news"
- Increased influx of people inside the health facility

STRATEGIES TO DE-ESCALATE TENSION



BE ALERT

Recognize the warning signs of elevated stress for early resolution of the problem.



BE RESPECTFUL

Offer a chair to sit and explain that it's important to calmly discuss the issue.



LISTEN ACTIVELY

Ask the patient/attendant for details and express interest in the reasons for their distress.



PRACTISE MIRRORING

Rephrase the person's sentences and repeat them to show that you are listening and have understood the concerns. Don't exert your opinion as the "final one" or make false promises.



AVOID JARGON

Medical terms and phrases can be overwhelming and confusing to patients, their families and the non-medical community. Use simple language instead.



OFFER CHOICES

This reassures the patient/attendant of their agency over the situation. It can be as simple as offering a glass of water, asking if they would like to sit somewhere quieter or even asking if they would prefer to speak to another colleague (especially in gender-sensitive contexts).



BODY LANGUAGE

Stay as relaxed and calm as possible, even when it's difficult to do so. Speak politely, but firmly. Remember to keep a safe distance from the person while talking to her/him. The face mask might impair body language signaling (smiling, for example), so make sure that you nod and use enough verbal reassurance.



EVALUATE

See if things are normalizing and tension is easing. If you feel you are not able to manage the situation, it's best to excuse yourself and let another colleague handle it.

SEEK HELP

If you realize that the tension is continuing to escalate, especially if there is a threat of bodily harm, signal to a colleague or security officers for support in time.



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Key takeaways

- De-escalation behaviours can be very effective but only **in certain circumstances for certain issues**.
- Many of the behaviours can be used to improve everyday communication – showing respect, listening, being non-judgemental and maintaining positive body language.
- Practise the skills you've learned as soon as you get back to work – don't wait for a potentially violent situation.



And finally ...

please fill out the evaluation form!





**VIOLENCE AGAINST
HEALTH CARE MUST END**

**IT'S A
MATTER
OF **LIFE**
& **DEATH****



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