

A Communications Service to Nursing School Deans, Administrators, and Faculty

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Safe Environments: Accountability, Clarity, Education, and Teamwork



Carole Farley-Toom

The potential for violence in work settings is a significant issue. A careful assessment of the potential risks is necessary for the development of policies and strategies to promote prevention, early identification, and effective intervention. Historically, the promotion and maintenance of safe working and care environments has been a central goal in Psychiatric Mental Health Nursing practice. Review of

the Psychiatric Mental Health Nursing literature on this topic reveals a focus on prevention and early intervention through attention to environmental factors including clarity of roles and expectations, education and training, and teamwork. After the tragic murder of three nursing faculty at the University of Arizona, the American Psychiatric Nurses Association (APNA) was approached last year to present a faculty workshop at the National Student Nurses' Association Annual Convention in Phoenix. The workshop was titled, "When Things Get Tense: Response vs. Reaction." This article reflects the content of that presentation.

The OSHA General Duty Clause, Section 5 (a, 1), states that "each employer shall furnish to each of his employees employment, and a place of employment which is free from recognized hazards that are causing or likely to cause death or serious physical harm. This includes the prevention and control of the hazard of workplace violence." OSHA defines workplace violence as any physical assault, threatening behavior, or verbal abuse occurring in the work setting. The workplace is defined as any location whether permanent or temporary where an employee performs work-related duty.

Violence includes *threat*, which is a verbal or behavioral expression of intent to inflict pain, injury, or other harm, and *assault*, which is any physical contact that results in injury whether minor (such as scratches or mild soreness) or major bodily harm. A *weapon* is any inanimate object that is used in a threatening manner or to inflict harm. Violence includes threats to harm self or self-injurious behaviors. Violence can be manifested between faculty/staff and student, between students, between faculty or other employees, between faculty/student and patient in clinical settings, or can involve external threat from family members or others.

Violence is a complex phenomenon involving intra-personal, interpersonal, and environmental factors in dynamic

relationship to one another. Workplace strategies to promote prevention must address each of these realms in policies, procedures, environmental changes, education and training, clarification of roles and expectations, and ongoing evaluation of outcomes.

Workplace settings need to have policies that include a strong commitment to the promotion and maintenance of a safe work environment and a clear definition of what constitutes violence. The policy must be well-disseminated and guide daily practice. An example of such a policy would be: *"It is the policy of this institution to provide a safe and violence-free environment for faculty, employees, students, and visitors. Acts or threats of violence against faculty, employees, students, or visitors are serious offenses that will not be tolerated. A threat is an expression of intent to inflict pain, injury, or other harm. The expression may be verbal or non-verbal. The threat of harm may be explicit or implied..."* Human Resource (faculty/staff and student) policies should address a process for addressing violent behavior and consequences. Examples of other policies and procedures that are important to have and to know include indications for involvement of security/police and how to obtain their assistance, how after-hours entry is managed, and how weapons are defined, prohibited, and managed if found.

It is important to conduct an environmental assessment and identify opportunities to minimize risk. Offices should be set up to minimize the potential for someone to be trapped without access to help. For example, there should be a clear path to the door and a readily accessible phone. Offices where employees interact with others around sensitive issues (such as grades and finances) should not be in isolated areas. Escape/evacuation routes should be clearly defined from each office, classroom, or other workplace environment

Communication plans for situations that pose imminent danger should be explicit. This communication plan would include who would be called, what would be said to convey the immediacy of the situation, and what would be the expected response. For example, suppose you are meeting with someone who has been noted recently to be intermittently agitated and anxious. The person becomes increasingly agitated during your meeting and begins to make threatening gestures towards you. Attempts to calm the person only seem to escalate the behavior. Attempts to end the session go nowhere as the person refuses to leave. Ideally, your office is arranged so that you can back out of the room to elicit help (never turn your back on an escalating person). Assuming you could do this, where would you go to get assistance in managing this situation? Who would assist you? How? If you were not able to get past the student to leave your office, how would you call for assistance? What would you say? What would they do to assist? These questions guide the development of a commu-

nication plan that should be incorporated in the orientation and training of faculty and staff. Since this behavior clearly violated the workplace violence policy, other policies would guide how the person's behavior would be addressed systemically in follow-up after the immediacy of the situation is addressed.

Frameworks for Training

Education and training regarding intra and interpersonal dynamics related to aggression are also critical components of a safe environment. The *Cycle of Aggression* and the *Self Awareness Model* are two frameworks that can be used to assist in training.

The Cycle of Aggression. The Cycle of Aggression describes the stages of escalation in someone predisposed to use of aggression to get needs met. The Cycle is presented as the face of a clock. It begins at 12:00, with precipitants that generate stress and/or a sense of loss including unmet needs or expectations. An initial sense of frustration can quickly escalate to generalized anxiety and feelings of powerless and hopelessness (3:00 on the clock); this feeds the intensity of the anxiety. This level of anxiety can be quickly converted to anger (6:00) because a sense of powerlessness and hopelessness is such an aversive feeling and the body is already mobilized to 'fight the enemy.' Threatening/assault behaviors are used (6:00-9:00) to discharge this anger and regain a sense of power and control by someone who has previously experienced this as a successful strategy or who has no experience with other methods of coping. A sense of relief and a decrease in anxiety is experienced (9:00-12:00) that reinforces this behavior.

Recognize the risk factors for someone who may be predisposed to the use of aggression. These include failure to respond to constructive advice; blaming others for errors, mistakes, or problems; communicating unrealistic demands; difficulty relating to other students/colleagues; decreased productivity; concentration problems; or appearing to be under the influence of drugs or alcohol. When risk factors are identified, it is important to communicate concerns to others and to develop a plan for addressing them that promotes consistency of response and is focused on ameliorating the risk. A consistent, early response by all team members requires that the team communicates effectively and is committed to prevention and early intervention in a health-promoting manner.

The Self-Awareness Model. The Self-Awareness Model describes intrapersonal processes that can impact our ability to respond effectively in threatening situations. It assists in recognizing a predisposition to *react* to specific or generalized stressors that elicit anxiety. Direct verbal or physical threats are an example of such stressors. Other stressors include perceived violation of rights, values, authority, or self-esteem. The initial reaction is stress, which is actually a mobilization of internal resources to protect and defend from perceived imminent threat. Physiological mechanisms are activated by the adrenal system to prepare the body to 'fight or flee.' Heart rate and blood pressure increase to oxygenate the muscles. Gastric mobility is inhibited because of diversion of blood to the extremities. Saliva thickens to prevent aspiration when 'fighting or fleeing.' The body is now physically prepared to protect itself from the 'enemy.'

Cognitive functions are focused on 'identifying the enemy.' This focus precipitates a 'tunnel vision' effect due to a heightened sense of vigilance. This is because the brain is receiving signals that danger lurks, and it becomes hard to think of any-

thing else. There's a decreased sense of self-awareness, and thoughtful decision-making is impaired by the perceived immediacy of the situation. There's an increased predisposition towards framing the situation into 'me against them' or 'me against her.' This experience takes a toll emotionally because unresolved anxiety and stress can contribute to the development of non-specific fear and anger, or depression and isolation.

Fight or Flight

These physiological, cognitive, and emotional reactions to the precipitants propel behavioral reactions that Selye (1976) identified as *Fight or Flight* reactions. Which set of behavioral reactions is operationalized depends on personality, previous experience, and nature of the precipitant. Fight reactions include behaviors that are defensive, confrontational, provocative, or hostile. Fight reactors may be rigid and controlling in dealing with the person or persons whose behaviors precipitated the initial stress. Flight reactions include denial, avoidance, withdrawal, and abandonment. Flight reactors may have a tendency to appease or to dismiss the seriousness of the situation. These normal behavioral reactions that result from physiological activation are generally non-productive in addressing the initial precipitants. These individualized reactions become counter-productive in situations where a consistent response from a team is required.

The first step in developing the capacity for thoughtful, productive *response* to threatening situations is identifying and understanding the triggers that precipitate personal reaction and what that reaction tends to be. *Getting centered, tense/relax* and *psychological time vs. real time* are concepts used to assist the body and mind to be more resilient and less reactive in stressful situations.

Getting centered. Body language communicates a more powerful message than words. A basic stance can be assumed in a stressful situation that is used to assist the body to feel more centered. The stance consists of putting the feet slightly apart, knees slightly flexed, and arms loosely at your sides with hands open. Compare the stability and sense of internal control when this stance is assumed to one where feet are close together, with knees rigid and arms crossed or hands on hips. Compare the message conveyed by each.

Tense/relax is based on the knowledge that tension essentially is contagious. When confronted by someone who is tense and angry, the person confronted will be immediately predisposed to becoming tense. Facial expressions and tone of speech can be mirrored, contributing to an escalation of the situation. Recognizing this, assuming a non-threatening but centered stance and making an effort to maintain a calm, responsive expression and tone of voice can be helpful in defusing the situation.

Psychological time vs. real time is a concept used to assist in resisting the urge to *react* precipitously when it feels like there is 'no time to think.' Cognitive and emotional functions are hampered in stressful situations, and it requires a conscious effort to take a moment to clearly assess the situation and de-personalize it. Taking that moment, and if possible, taking the time to check in with others for assistance in assessing the situation and developing a response plan will provide the potential for a better outcome.

By integrating the knowledge from the two frameworks, effective intervention plans can be developed and implemented. The Cycle of Aggression assists in determining appropriate sets of intervention for different stages of escalation. Noon-

to-3:00 interventions are focused on prevention. The first is to ensure the creation and support of an environment that values and integrates the concepts of mutual respect, shared ownership of space and responsibility, and multicultural awareness. Listening to understand, empathy, allowing the person to put 'feelings into words,' and assisting a person to define the stressor and develop a set of options are generally effective interventions in responding to someone who is expressing frustration and anxiety. These interventions assist the person to develop the capacity to communicate productively when feeling anxious and develop action plans for addressing the source of stress. These empowering interventions short-circuit the powerlessness and hopelessness that feeds aggression.

Interacting with someone in the 3:00 to 6:00 stage, when feelings of powerless and hopelessness have contributed to increased agitation, requires a different set of interventions. Recall that the tendency at this stage is to project blame in order to cope with feelings of hopelessness and powerlessness. Don't personalize. Get centered and attend to body language and tone of voice; set the expectation that the person will become less anxious and more engaged in productive discussion. Listen to understand. Be aware of your predisposition to react (become defensive and rigid, or avoid and withdraw). Provide options to decrease sense of powerless and hopelessness. Be sure options are realistic and appropriate and not attempts to appease (for example, offer to have the person meet with someone else who can assist them to productively address the problem). Be aware of surroundings and the potential to elicit help if interventions are not successful.

Interventions at the 6:00 to 9:00 stage, when someone is verbally and physically threatening, are focused on maintaining safety. Increase personal space; call for help (remember communication plan); stay centered and focused; be alert to potential weapons in the environment (such as scissors on the desk); set limits in a calm, directive manner (for example, "please lower your voice, we want to be of help;" "I can't help you when you are behaving this way. Please stop threatening."); ensure an escape route; don't turn your back.

Interventions at the 9:00 to 12:00 stage include following through on consequences as defined in your policy. This may include pressing charges. There is often reluctance to do so in such situations, but the lack of such consequences contributes to the cycle. Other interventions at this stage are focused on the faculty and staff. Ensure an opportunity for debriefing, and supportive interventions. Focus on self-care activities. Do not engage in self-blame or blaming of others. Instead, objectively review the situation from all perspectives to identify opportunities to prevent or intervene earlier in the future.

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Reference

Selye, H. (1976). *The stress of life* (rev. ed.). New York: McGraw-Hill.

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**Theme:
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