Imagine this scenario...you are a recent graduate, you’ve been a practicing RN less than a year, and you’ve been given an assignment at your hospital. You walk in, introduce yourself to the patient as his nurse for the night shift (as you’ve done many times before, both as a student and in practice) and begin to explain what you’ll be doing that evening. Before you can get much further, the patient says, “I don’t want anyone who looks like you touching me.”

What do you do then? When it happened to her at the beginning of her career, Rumay Alexander, EdD, RN, FAAN, took a deep breath, composed herself, and evaluated the situation before her. “It wasn’t the first time I’d encountered racism or bias,” she recalls, “but it wasn’t what I was expecting at the moment either.”

What she did know, however, was that there were many potential consequences, including legal ramifications, to going ahead and attempting to touch or further interact with the patient. So she repeated the patient’s statement back to him to ensure that she’d understood properly and when he repeated his sentiments, she went back to her supervisor and was re-assigned to another patient.

Dr. Alexander is now the Director of Cultural Affairs at the University of North Carolina, Chapel Hill, and a renowned expert on cultural diversity, systems analysis, advocacy, and public policy, among others. Looking back on the incident, she has several insights for nurses and nursing students who may face similar conflicts, whether with a patient, or a colleague:

- First, even as a new nurse, Dr. Alexander gave herself a moment to breathe and collect herself, knowing there might be a gamut of repercussions to any of her subsequent actions. “You have to anticipate these types of situations because when your emotions are running high, you’re not thinking clearly,” she says.

The American Nurses Association Position Statement on Incivility, Bullying, and Workplace Violence, notes that “RNs must be cognizant of their own interactions, including actions taken and not taken and communication with others.” (ANA, 2015, p. 7)

- Nurturing “raised self-awareness” is key to a situation like this. You have to remind yourself to “H.A.L.T.” The latter is one of Dr. Alexander’s key phrases to avoiding the escalation of any conflict. In essence, it means, never make a decision when you’re “hungry, angry, lonely, or tired.”
• Being the victim of racism, sexism, or any other kind of discrimination is infuriating and, says Dr. Alexander, it tells you that the immediate reaction of the person you're approaching has been one of assuming your incompetence. This is where "H.A.L.T.-ing" is key.

• Give yourself space to process what happened. Dr. Alexander says it takes a person about 72 hours to process every insult or verbal assault. In order to move on from the emotional fall-out of that kind of intense confrontation, you have to put the incident in perspective and move on to the next thing. She recalls that after that encounter, she decided to take a coffee break, which she hadn't been able to do during her earlier duties. Then she told herself, "Well, this patient just missed the chance to be given the best care this hospital can provide by the best nurse in the hospital."

• Finally, the institution has a responsibility to its staff as much as to its patients. There was no post incident conference to that incident, says Dr. Alexander. She was just re-assigned. Ideally, she says, they would have addressed and documented the incident afterwards, but more importantly, they should have had systems in place to address such a situation before it happened. This would have guided the steps that followed. Ideally, the health provider in charge of the unit, or a hospital administrator, would have returned to the patient and said something along the lines of, "We don't hire based on gender, race, sexuality, etc., but on the qualifications of our staff. You're welcome to stay here or you're welcome to go to an institution that better suits your needs." The institution would have given the patient a choice while informing him of hospital policy regarding its own staff.

**Education is Prevention**

Policy systems should be in place before a conflict — verbal or physical — takes place so that a lot of the work necessary to create a safe and healthy environment has already happened. This is so that even if preventive measures fail, an employee can fall back on the system and retain a sense of trust in it, knowing that the institution will have his or her back, providing the staff person has not violated the patient's rights (or a colleague's). In its "Incivility, Bullying and Workplace Violence" report, the American Nurses Association (ANA) notes that communication is key to workplace violence prevention:

… nurses should insist on and participate in effective communication, diversity, and inclusiveness, and conflict negotiation and resolution training offered by their employer, by an academic program or through continuing education courses. (ANA, 2015, p. 7)

Such education extends both ways. The institution is responsible for assuring that the patient's individual rights are met; after all, says Dr. Alexander, patients are already in a vulnerable position. It's an unbalanced position of power that can make feel them afraid and at a loss — and those kinds of emotions can lead to anger. At the same time, the institution can take preventive measures to ensure that it supports its staff.

When an institution doesn't trust its staff and doesn't support them, says Dr. Alexander, they've created mistrust with that employee and that's a systemic problem that can only hurt the organization and its entire mission. In an already stressful environment, employees who feel they don't have the support of their employer are potentially less efficient and productive. An allostatic load — or the effects of cumulative stress on the body — can lead to missed work days for employees, a decrease in morale, and other negative effects that can affect an entire organization (CDC).

According to the ANA, in a survey of 3,765 RNs and nursing students, 43% reported being verbally and/or physically threatened by a patient or a patient's family member; 24% were actually physically assaulted (ANA, 2015). Based on feedback she receives, however, Dr. Alexander says students don't feel that they're being prepared on how to handle this kind of situation. Systems procedures and policies that all administration and staff are aware of and can fall back on in case of a conflict, whether minor or violent, is key to staff and patient safety, both physical and mental. (Continued on page 38 ☀️)
“Inclusive Excellence”
As a new nurse, you can take certain steps to ascertain whether the institution you’re applying to will meet those standards. Even before an interview, explore the organization’s website for their policies and approach to cultural competence and diversity. Additionally, when you go into an interview, you usually get a chance to ask your own questions. Take it as a chance to interview the institution in turn, says Dr. Alexander.

- Find out about the institution’s policies. You can ask, “Do you have a religious observance policy?” for example. Or, “What kind of cultural diversity policies do you have?”

- Present a scenario like that which began the article and ask how the institution would handle it.

- Pay attention with whom you’re spending time in the interview. What does the leadership look like? What are the demographics of the staff, leadership, and the patients? “I come from an academic background,” says Dr. Alexander, “and if I go into a room and no one looks like me, it sends me a big message. I’ll sit there and wonder, why aren’t they thinking about what kind of message this sends?”

- Play “existential detective,” says Dr. Alexander. A lot of places will ask you to “fit in” rather than having you belong. Will you feel comfortable at this institution? No workplace is perfect, but in the case of conflict, will the institution have the resources in place to help you resolve it?

As an interviewee, it can feel intimidating to ask some of the questions above. You might even feel you’re sending up a red flag as a potential employee, but what you’re showing is that you’re proactive, thoughtful, and deliberate. To the right institution, those are assets in an employee. Ultimately, you’re looking out for yourself and your patients: do you want to get the job and 90 days later be miserable? Or feel that you’ve made the right call and are able to fulfill your desire to be the best advocate you can be.

The goal of asking these questions of yourself and of the institutions you work for is ultimately one of creating what Dr. Alexander calls, “inclusive excellence.” It is one in which you, as an individual and as part of the institution, co-create with the patient or with colleagues, the best possible outcomes in patient safety and workplace civility. In fact, as part of its statement on incivility, the ANA recommends that organizational statements that include a company’s vision, mission, and shared values be developed with employee input. Those values and goals are then shared, via orientation to new employees. This is key to creating an “inclusive system” of communication and transparency according to Dr. Alexander. This includes dealing with incivility and bullying within the workplace.

(See the ANA chart on page 39 about dealing with such situations.)

Your physical and mental health are intimately connected and a workplace that supports you as an individual and as an employee only benefits you and your patients. Ask questions, educate yourself, and be part of the environment that creates a workplace that can successfully handle conflict and incivility.

Resources and References
Centers for Disease Control and Prevention
― Workplace Violence Prevention for Nurses


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