# De-escalation Health

## Description

A female nurse asks four male visitors of a traumatic brain injured patient to be quiet and reminds them of the hospital policy of a maximum of two visitors per patient. They do not comply and become rowdier.

## Notes to Facilitator

There can be four to six participants in each breakout group. While gender could be a significant factor in the scenario, the make-up of participant groups need not be; however, a mixed gender group is recommended. Recognize that the content and discussion may be triggering for some participants.

What are your learning objectives for this exercise or course? What prompts could you add to extend or expand the simulation in that direction? What additional resources or assignments might you add?

## Notes for Participants

As you watch the video below, consider whether you would react in the same way, or whether you might say or do something differently, or at different times during the scenario.

## Foundational Scenario

**Watch:** [**The Rowdy Bunch**](https://youtu.be/03REeEDCJP0)**[[1]](#footnote-1)**

## Scenario #1

Based on the video, you have been asked to serve on a task force exploring de-escalation techniques to use with hospital visitors who do not adhere to hospital policies. Consider who might be asked to serve on this task force (e.g., hospital security, human resource personnel, union executive, former patient, family member, etc.) and assign individual group members to these specific roles. Your team has been tasked with **exploring** and **reporting** on possible ways to approach and de-escalate a rowdy bunch such as the one in the video. Consider a) ways to approach, b) who to approach, and c) possible responses. Your suggestions will be used to evoke meaningful conversations among hospital staff.

## Scenario #2

Using the suggestions generated in Scenario #1, choose one person to play the hospital worker and three others to be the rowdy bunch. Try role playing the scenario in different ways to generate ideas.

## [Watch an Example with Learners of this Case](https://www.youtube.com/watch?v=nxYC2vEcl3c)

## Debrief

### *Interpersonal (in role as task force)*

* Did your team agree on each other’s suggestions? If not, why not?
* What were the pros and cons of each suggested technique?
* Based on your level of agreement were you able to complete the task?

### *Issues*

* Is de-escalation possible in this scenario or should other measures be brought in?
* Explore the concept of zero tolerance.
* When would you consider de-escalation unsafe?
* What hospital staff should be involved in this type of de-escalation? Is it a nurse’s responsibility? If not, then whose?
* Suggest steps one could take on how to de-escalate including assessing the situation, how to approach, establishing rapport, when to walk away, etc.
* Would your suggestions to address the situation change, based on gender, sexual orientation, age and/or race of the characters?
* If the decision is to call security, but security takes 20-40 minutes to arrive, what do you do in the interim?

## Extensions

* See [Scene 14](https://youtu.be/AEz8HvSMegc) and [Scene 18](https://youtu.be/rIj7tXWAOvk) from “[Person-Centred Care: Finding Dignity within the Shadows](https://mirrortheatre.ca/performance/understanding-person-centered-care/)”
	+ Is de-escalation always possible?
	+ How is abuse normalized; should it be?

## Assignments

The following suggestions could be undertaken either as a group or individually. They could be written as reflections, offered for discussion, or submitted as assignments for grading.

* Search “Hospital respect signs” on the web. Choose a few and discuss their tone and how effective they might be.
* Based on the above research, create your own respect sign for placement throughout the hospital. Debate the degree of regulation and the degree of call to respect. Annotate your rationale with footnotes.
* As a task force, research multiple sources to create your own a) hospital harassment policy and b) procedures on how to de-escalate and enforce these policies.
* Could de-escalation be considered a form of victim-blaming? Juxtapose the balance of responsibilities and rights of hospital staff.

## Readings

[Brophy, J., Keith, M., & Hurley, M. (2019). Breaking point: Violence against long-term care staff. NEW SOLUTIONS: A Journal of Environmental and Occupational Health Policy 29(1), 10–35.](https://doi.org/10.1177/1048291118824872)

[Harden, J. (1996). Enlightenment, empowerment and emancipation: The case for critical pedagogy in nurse education. Nurse Education Today, 16(1), 32–37.](https://doi-org.ezproxy.lib.ryerson.ca/10.1016/S0260-6917%2896%2980090-6)

Hobbs, K. (2019). To Know Their Stories: Using Playbuilding to Develop a Training/Orientation Video on Person-Centered Care. Brock University.

[Kapoor, S & Grover, N. (2021). Strengthening contextual policy and training can empower nurses to reduce their sexual harassment. Evidence-based nursing 24(4), 139.](https://ebn.bmj.com/content/24/4/139)

[Liu, J., Gan, Y., Jiang, H., Li, L., Dwyer, R., Lu, K., Yan, S., Sampson, O., Xu, H., Wang, C., Zhu, Y., Chang, Y., Yang, Y., Yang, T., Chen, Y., Song, F., & Lu, Z. (2019). Prevalence of workplace violence against healthcare workers: a systematic review and meta-analysis. Occupational and Environmental Medicine, 76(12), 927.](http://dx.doi.org.ezproxy.lib.ryerson.ca/10.1136/oemed-2019-105849)

[Lu, L, Dong, M, Lok, GKI, et al. (2020) Worldwide prevalence of sexual harassment towards nurses: A comprehensive meta-analysis of observational studies. Journal of Advanced Nursing 76: 980– 990.](https://doi-org.ezproxy.lib.ryerson.ca/10.1111/jan.14296)

[Magnavita, N., Heponiemi, T. & Chirico, F. (2020). Workplace Violence Is Associated With Impaired Work Functioning in Nurses: An Italian Cross-Sectional Study. Journal of Nursing Scholarship, 52(3), 281-291.](http://dx.doi.org/10.1111/jnu.12549)

[Quinlan, E., Robertson, S., Urban, A.-M., Findlay, I. M., & Bilson, B. (2020). Ameliorating Workplace Harassment among Direct Caregivers in Canada’s Healthcare System: A Theatre-Based Intervention. Work, Employment and Society, 34(4), 626–643.](https://doi.org/10.1177/0950017019867279)

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