

# QUALITY PRACTICE

A RESOURCE FOR EMPLOYERS OF NURSES

NOVEMBER 2002, VOLUME 1 ISSUE 6  
WWW.CNO.ORG

## Nurse abuse — what employers can do

**E**mployers are responsible for fostering work place environments that minimize abusive situations for both clients and staff. This article will examine some types of abuse faced by nurses and provide you with some suggestions for creating an environment in which both nurses and clients feel safe from abuse.

### Forms of abuse

Abuse can be emotional, verbal, physical and sexual. Some examples of abusive behaviours experienced by nurses are: intimidation, swearing, cultural slurs, pushing, inappropriate comments of a sexual nature, inappropriate touching and (sexual) assault.

The stress of illness or pain and psychological or cognitive impairments may lead clients to direct hostility toward their caregivers. Although nurses are expected to recognize the causes of abuse, it does not mean that they must accept abuse as “part of the job.” Nurses can and should take action to prevent and stop abuse, and, as an employer, you should support them in doing so.

Being aware of indicators and situations in which nurses are at increased risk of abuse is the first step in preventing abuse. A client is more likely to become abusive if he or she has a history of aggressive and violent behaviour, or if they suffer from dementia or emotional disorders. Clients are also more likely to be abusive when they are anxious, fearful, confused, disoriented or frustrated, or when they are being restrained.

### Verbal and physical abuse

Verbal abuse is more common than physical abuse. Frustration and stress are often the causes of verbal abuse, and nurses are expected to understand the cause of such outbursts and manage the situation. Very rarely is abuse “personal,” but that doesn’t mean that it won’t have a negative impact upon a nurse’s emotional state or quality of practice.

Physical abuse occurs less frequently than verbal abuse, but may place the nurse in immediate physical danger. Physical abuse includes punching, slapping, pinching, grabbing and physical intimidation (e.g., when someone stands too closely in a threatening way or “gets in your face”).

Occasionally, CNO receives complaints accusing a nurse of abusing a client, while the nurse maintains that she/he was acting in self-defence. Whether a nurse has crossed the line between self-defence and abuse can only be determined on a case-by-case basis.

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## Nurse impostors

As a nurse employer, you need to be aware of individuals who have committed acts of deceit and fraud in order to secure employment as nurses. On a need-to-know basis, CNO will inform you of the names of individuals who are contravening or are being prosecuted under the *Nursing Act* and/or the *Regulated Health Professions Act* (RHPA). (For more information on the *Nursing Act*, see the September 2002 issue of *QP*.) These individuals are seeking, or have in the past sought, nursing employment without being registered with the College.

The College protects the designations RN, RPN and Nurse, and considers violations of the *Nursing Act* and the RHPA to be serious. Such actions show a disregard for the College's registration process and the law, and have the potential to place the public at risk.

In addition, certain health care-related activities ("controlled acts") may only be provided by individuals who are registered with a College pursuant to the RHPA.

The individuals listed below have been, or are in the process of being, prosecuted under the *Nursing Act* and the RHPA. These individuals, if employed as nurses, pose a threat to public safety and undermine the public's right to quality nursing care.

Bridgette Cleroux  
– Ottawa

Christine Eleanor Inman  
– Hamilton

James John Gascoyne  
– Hamilton

Luanne Vendittelli  
– Toronto

Edna Ayres  
– Hamilton/Burlington

Carolyn Anne Flett  
– Hamilton/Burlington

Susan Davis  
– Ottawa

Marion Max-Lino  
– Ottawa

Sonia Mendez  
– Toronto

Calvin Cowan  
– Toronto/Mississauga

For further information, or if you are aware of any of these individuals actively working in the nursing profession, please contact Dean Benard, Manager, Investigations at 1-800-387-5526, ext. 6277.

## PSCP overview presentations

You and your colleagues are invited to a free overview presentation of the Practice Setting Consultation Program™ (PSCP) on **November 28**. Employers from all sectors (e.g., hospital, community, public health, etc.) are welcome.

The focus of the presentation is on "partnership." We ask that you bring a senior management nurse, as well as two front line staff nurses, to the presentation. Should this date not be convenient for you, a member of the PSCP staff will be happy to come to your environment.

The November 28 presentation will take place in the College's Council Chambers from 1000 – 1130 am. See page 4 for contact information for the PSCP to confirm attendance at the session.

## New education sessions

Starting in November, CNO's Practice Consultants will be providing educational sessions about the practice expectations for RNs and RPNs. These presentations refer to the publication *Practice Expectations: A Guide for the Utilization of RNs and RPNs* that was distributed with the September issue of *QP*. These sessions will be offered for a limited time only and are not part of the Regional Education Network's regularly scheduled presentations. Dates will be confirmed in November, at which time *QP* will send a short notification with the details to our e-mail subscribers.

## Up-to-the-minute e-mail updates

As part of our commitment to keeping you informed of important developments at the College of Nurses, *Quality Practice (QP)* will begin forwarding short updates to our e-mail subscribers. These updates will include information such as dates of Regional Education Network presentations or employer sessions in your area, or the launch of new services or programs that occur between our publication dates. If you aren't on our e-mail distribution list yet, and want to stay completely up-to-date, you can easily make the switch from a printed copy of *QP* to an electronic copy by following the instructions on page 3.

**Nurse abuse** *continued from page 1*

Generally speaking, CNO has a policy of “least force.” Nurses have the right to protect themselves by avoiding or ducking punches, restraining an assailant until help arrives or calling for assistance. Initially telling an abuser that they must change their behaviour if treatment is to be done properly will often be sufficient in de-escalating the abusive situation. The nurse’s goal should first be to de-escalate the abusive situation and if that is not successful, then she/he should try to escape the situation and avoid a physical confrontation.

**Abuse by colleagues**

The College also receives complaints from nurses about abusive behaviour by doctors, other nurses and other health care professionals. The forms of abuse and the causes are similar to those discussed in relation to clients. Workplaces that foster mutual respect, make everyone accountable for their actions and have strategies in place for resolving conflicts between staff members will have the lowest incidents of these kinds of situations.

Many health professionals are regulated and are answerable to a regulatory college. When serious or on-going abuse by a colleague can not be resolved, the nurse, just like a member of the public, can lodge a complaint with the appropriate regulatory body.

**Steps employers can take**

Most people who enter the nursing profession perceive themselves as “caring” individuals; however, they often find themselves in situations in which they have to be assertive. Depending on the situation, a nurse may feel alone and vulnerable when faced with abuse and not know where to turn (e.g., if they provide home care on their own or if the abuse is coming from a superior). In addition, nurses may not have the knowledge to recognize triggering factors in abuse or strategies to intervene before the abuse happens.

You can take several steps in establishing a workplace environment in which nurses can feel confident to act should they experience an abusive situation. Among these steps are:

- developing and making staff and clients aware of your zero tolerance policy against all types of abuse;
- developing clear procedures for reporting, investigating and following up on all incidents, which includes an opportunity for staff to express their feelings and relieve stress after incidents;
- providing access to appropriate resources to increase staff knowledge (i.e., literature, educational presentations by experts);

- supplying appropriate resources to prevent abuse, including adequate staffing to meet client needs, thereby reducing the stress on both staff and clients; and
- establishing a communication network for nurses who could experience abuse when providing care in clients’ homes.

Some facilities have gone so far as to provide self-defence courses for their staff. Nurses and other staff are taught how to use self-defence methods such as pinches or wrist locks that are effective, but will not injure clients.

Facilities can also review the layout of rooms where care is provided. Are there “escape routes” available for staff? Are nurses forced to provide care in such a way that they may find an abusive client, equipment or a bed between them and the door?

More steps to protect nurses from abusive situations are available in the CNO document *Abuse of Nurses*, which can be found in the *Compendium of Standards*, on CNO’s Web site, or can be obtained by contacting CNO’s Customer Service Centre.

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## Annual renewal is underway

CNO has just started mailing Annual Payment Forms (APF) to members. Nurses are required to complete the APF if they are to practice as a nurse in Ontario and receive a confirmation of renewal of membership (Annual Payment Card, or APC) for the calendar year 2003. The deadline for nurses to complete the APF and send in their annual membership renewal fee is December 31, 2002. APCs are printed and distributed as completed APFs and payments arrive at the College. Employers can remind staff that they need to see 2003 APCs as soon as nurses receive them. Employers may also suggest that their staff read about the changes to the late fee in the APF guidebook.

**How to get this newsletter**

*Quality Practice* is a free publication from the College of Nurses of Ontario. Its mandate is to educate and support Ontario employers of nurses. The newsletter is mailed to all Ontario nurse employers. To get your free e-mail subscription, send an e-mail to [listserv@listserv.cnomail.org](mailto:listserv@listserv.cnomail.org) with the words ‘subscribe QP (and your first and last name)’ in the body of the e-mail. You can also sign up by visiting the CNO Web site.

**On the web**

*Quality Practice* is available in English and French. You can find both versions on the CNO Web site.

**Contact us**

Obtain free publications quickly using CNO’s FastFax service. Simply dial 1-877-963-7502 on your touch-tone phone and follow the recorded instructions.

## We can help

CNO works to support nurses and their employers to provide quality nursing care. Here are a few of the many services we provide.

### Answering your call

Our Customer Service Centre and Practice Consultants answer calls from 0830 until 1700 hrs. from Monday to Friday. Call 416-928-0900 (toll-free in Ontario at 1-800-387-5526). Using the automated system, choose your language of preference then select option "0" for Customer Service or option "22" to speak with a Practice Consultant.

### Fast information

Obtain free publications quickly using CNO's FastFax service. Simply dial 1-877-963-7502 on your touch-tone phone and follow the recorded instructions. Within minutes the document will be transmitted to your machine. For a list of the English language documents enter document #43000 when instructed. For French-language documents, enter #53000.

### Visit the web

Our Web site at [www.cno.org](http://www.cno.org) provides a wealth of information for employers. Visit it regularly to keep informed.

### Building Quality Practice Settings

The Practice Setting Consultation Program™ (PSCP) assists nurses and their employers to work in partnership as they mutually undertake system improvements

within the workplace to create quality settings that support professional nursing practice. Any health care organization that employs nurses and is committed to building a quality work environment can participate. For more information call the PSCP at 1-800-387-6305 or send an email to [pscp@cnomail.org](mailto:pscp@cnomail.org). To get a copy of the PSCP fact sheet visit our Web site, or use the FastFax (document #44021).

### Regional Education Network

Help your nurses gain insight into self-regulation and fulfil their Reflective Practice requirements by booking an educational session through the College's Regional Education Network (REN).

The REN was developed to provide nurses, students and employers with an overview of the Quality Assurance Program, as well as a variety of other topics including Documentation and Client Consent.

Sessions are planned for specific groups and individual workplaces on an as-requested basis. There is no restriction on the number of nurses who can attend a session. REN presentations can take place in any health care setting. To book a REN session, contact the co-ordinator for your region.

Complete session listings and contact information for REN coordinators are published in *Communiqué*, or can be accessed through the FastFax (document #44011) and Web site.

## Ask CNO: "Documentation"

**Q** We have implemented a new computer system for documentation in our hospital. Our facility frequently uses agency nurses who are not familiar with the system. We have not been allowing these individuals to use the computer. Instead, we would like them to report to a staff nurse who will then document for them. Staff nurses are refusing to do this, saying it is against CNO standards. Is this correct?

**A** Our *Documentation Standards* (2002) state, "CNO recommends that records be written by the person who saw the event or performed the action. Each nurse is accountable for her or his actions and recording of these actions reflects this accountability". Our standards also state that a nurse meets the *Documentation Standard* by "knowing and using the electronic documentation system of the facility or agency". Employers should develop systems and policies to support all staff, including agency nurses and temporary staff, to meet this standard. In some facilities, the agency nurse documents on paper and this is later scanned into the record, or another person keys the information into the automated record. When another person keys in the information, the name and designation of the nurse who provided the care and created the record, as well as the name and designation of the individual keying in the information, must be indicated. Doing this clearly differentiates the accountability between the person entering the information and the caregiver.

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*Quality Practice* is a free publication from the College of Nurses of Ontario. Its mandate is to educate and support Ontario employers of nurses. The newsletter is mailed to all Ontario nurse employers. To get your free e-mail subscription, send an e-mail to [listserv@listserv.cnomail.org](mailto:listserv@listserv.cnomail.org) with the words 'subscribe QP (and your first and last name)' in the body of the e-mail. You can also sign up by visiting the CNO website at [www.cno.org](http://www.cno.org). Pour obtenir un abonnement électronique en français, veuillez envoyer un message électronique à [shall@cnomail.org](mailto:shall@cnomail.org) avec « subscribe qp français » (ainsi que vos nom et prénom) dans le texte du message.

ISSN 1496-7618

Publication Mail Agreement 40062643

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