A POLYTECHNIC INSTITUTION

Course Outline

School of Health Sciences
Program: Nursing
Option:

NURS 1050
Interpersonal Communication

Start Date: January, 2006 **End Date:** May, 2006

Total Hours: 34 **Total Weeks:** 17 **Term/Level:** 2 **Course Credits:** 2
Hours/Week: 2 **Lecture:** **Lab:** **Shop:** **Seminar:** **Other:**

Prerequisites

Course No.	Course Name
None	

Corequisites

Course No.	Course Name
Practicum or Instructor approval	

NURS 1050 is a Prerequisite for:

Course No.	Course Name
NURS 3032	Family Nursing Theory
NURS 3034	Nursing of Families Practicum
NURS 3036	Mental Health Issues in Nursing Practice
NURS 3038	Mental Health Nursing Practicum

■ Course Description

In this introductory course, students will study how various aspects of interpersonal communication promote shared meaning with patient/clients and others. The course emphasizes attitudes, knowledge, and skills necessary for helpful communication. Simulated patients, student demonstrations of their communication abilities, interactive exercises, and class activities are part of the course.

Interpersonal communication helps students develop the ability to establish partnerships with people by developing shared meaning.

■ Evaluation

		Comments:
Participation	10%	
Collage	5%	The collage is finished in your class the week of March 20.
Assignment #1	10%	Assignment #1 is due Monday February 13 by 1230 hours.
Assignment #2 (a mini paper)	35%	Assignment #2 is due March 27 by 1230 hours.
Midterm exam	40%	The midterm exam is Wednesday, March 8, 2006 at 1430-1630 in SW1–2030, for both sets.
TOTAL	100%	

■ Course Learning Outcomes/Competencies

Upon successful completion, the student will be able to:

1. Develop interpersonal awareness in order to identify the:
   - context of an interaction (physical, emotional, social, cultural, economic, political, and spiritual).
   - verbal and non-verbal attitudes and skills that facilitate shared meaning.
   - verbal and non-verbal attitudes and behaviours that block shared meaning.

2. Develop interpersonal self-awareness in order to identify her/his own:
   - contextual variables in a given interaction.
   - verbal and non-verbal attitudes and skills that facilitate her/his shared meaning.
   - verbal and non-verbal attitudes and behaviours that block her/his shared meaning.

3. Incorporate professional interpersonal skills with her/his personal way of being.

4. Demonstrate professional, caring communication during course activities.

5. Explain and commit to the essential nature of communication to professional nursing.

■ Process Threads Relevant to this Course

Professionalism: Students develop an understanding of the professional nurse's role regarding communication. They use assessment knowledge to guide interpersonal communication and use judgment when communicating. They adhere to professional ethical standards.

Communication: Students thoughtfully discuss interpersonal communication verbally and in writing. They dialogue with colleagues and teachers in the process of learning. They work with colleagues and simulated patients to develop abilities in interpersonal communication. They commit to the essential nature of communication in professional nursing. Students anticipate interpersonal communication to be performed in class and prepare themselves to perform them. They are independent with some aspects of interpersonal communication learned this term, but may require assistance with others.

Systematic Inquiry: Students think and reflect about interpersonal communication by appreciating the research base, recognizing real and potential risks associated with communication, and making judgments about communication considering the context. Questioning and feedback are two of the strategies that are used to facilitate reasoning and reflection.

Professional Growth: Students take responsibility for their learning and for preparing information for class that is accurate and relevant. Also, they are responsible and accountable for their actions. As students participate in the course experiences, they will grow both personally and professionally.

Creative Leadership: Students are able to discriminate situations in which specific skills would be useful. Developing interpersonal awareness of self and others requires creativity and risk taking. Students are expected to make positive assumptions about each other's abilities and value individuality. Self-direction and dialogue are essential to partnership.

■ Verification

I verify that the content of this course outline is current.

Authoring Instructor — Date: Dec 15/05

I verify that this course outline has been reviewed.

Program Head/Chief Instructor — Date: December 15, 2005

I verify that this course outline complies with BCIT policy.

Dean/Associate Dean — Date: Dec 15/05

Note: Should changes be required to the content of this course outline, students will be given reasonable notice.

■ Instructor(s)

Ann Kenney-Lee	Office Location:	SE12–418	Office Phone:	604-432-8791
	Office Hrs.:	As posted or by appointment	E-mail Address:	Ann_Kenney-Lee@bcit.ca
Susan McKenzie	Office Location:	SE12–418	Office Phone:	604-432-8914
	Office Hrs.:	By e-mail and phone or by appointment	E-mail Address:	Susan_McKenzie@bcit.ca

■ Learning Resources

Required:

Wood, J., & Henry, A. (2002). *Everyday encounters: An introduction to interpersonal communication* (2nd ed.). Scarborough, ON: Nelson Thomson Learning.

Other selected readings will be **on reserve** in the library and some are on the eReserve.

Recommended:

■ Information for Students

1. Students are encouraged to identify individual learning needs that may be met in this course. Please talk with the teacher to see how this might be accomplished.

2. The reference readings are on reserve in the library. The loan period is currently 2 days.

3. Students will participate in a verbal review of the course at midterm and at the end of the term. Students may also raise concerns about the course during any class. This review will include a discussion of teaching methods, resources, and course structure. The midterm review is aimed at meeting the needs of the students currently taking the course. The end of term review is aimed at modifying the course for the next class.

4. **Harassment and Discrimination, Conduct, and Attendance:** It is the student's responsibility to read the Institute's guidelines and commitment to an environment free from harassment and discrimination in the current BCIT Calendar and to behave accordingly.

5. **Assignments:** Late papers will be marked. They will lose 10% for each day, including weekends and holidays, that they are late. An extension of the due date for a reasonable cause may be negotiated with the course instructor before 1430 hours the Friday before the paper is due. Extensions will not be given after this time. A hard copy and an e-mail copy are required by 1230 hours on the due date.

6. **Makeup Tests, Exams, or Quizzes:** There will be **no** makeup tests, exams, or quizzes. If you miss the exam, you will receive a zero mark. Exceptions may be made for **documented** medical reasons or extenuating circumstances. In such a case, it is the responsibility of the student to inform the instructor **immediately**.

7. **Ethics:** BCIT assumes that all students attending the Institute will follow a high standard of ethics. Incidents of cheating or plagiarism may, therefore, result in a grade of zero for the assignment, exam, or project for all parties involved and/or expulsion from the course.

■ Information for Students (cont'd.)

8. **Illness:** A doctor's note is required for any illness causing you to miss class, assignment, or exam. At the discretion of the instructor, you may complete the work missed or have the work prorated. If you miss more than 10% without a doctor's note you will lose the participation mark.

9. **Attempts:** Students must successfully complete a course within a maximum of two attempts at the course unless written permission is given by the Associate Dean.

10. **Course Outline Changes:** The material or schedule specified in this course outline may be changed by the instructor. If changes are required, they will be announced in class.

■ Participation/Attendance

Participation is required in this course because of the importance of dialogue to thinking, self-awareness, and learning. The different viewpoints shared during the class will help expand the thinking of all participants. Everyone's comments deserve and will receive respectful hearings.

The instructor will assign you randomly to a small group for in-class discussion. You may want to meet with your group outside of class to share readings. Each student needs to be very familiar with the course readings in order to be successful in the examination and the paper.

Your learning is directly related to the effort you put into the reading and class activities. Therefore, class participation in NURS 1050 counts for a percentage of the final grade. ***Participation includes doing the readings and written preparation for class, and talking actively in the group.*** Sometimes, you will be called upon to share your group's discussions with the larger class so be prepared to do this. If you have trouble participating in class or are uncomfortable doing so, please get assistance from the instructor and group members. The instructor will monitor your preparation, participation, and attendance.

Another focus for discussion is the informal debriefing and analyzing of interpersonal interactions that occur in practicum from week to week. Sharing these experiences will help the student to understand the course material. It is also good preparation for writing the course paper.

There will be three simulated patients this term. Students are expected to interact with at least one simulated patient in this safe environment.

Take responsibility for your own learning by asking the instructor, during office hours, to:

- clarify and expand on ideas from class.
- suggest additional readings.
- discuss upcoming assignments.
- provide detailed feedback on assignments or progress.

If students are absent for more than 10% (i.e., three hours) of the planned activities they may be prohibited from completing the course and they will get 0% for participation.

■ Course Content

- Theoretical perspectives: Contemporary interpersonal communication research and theory will be examined. The relationship of communication and social trends is also included in the course.

- Specific behavioural ways of relating: This will include some micro communication skills, for example, reflecting feelings, identifying themes, and some more general macro skills, for example, engaging in dual perspectives and self-monitoring.

- Ways to analyze our interactions with others in order to increase our awareness and set goals to improve our communication.

- Common experiences of people in hospital:
  - the person who is anxious
  - the person who is sad, bereaved, or depressed
  - the person who is confused
  - the person who is angry and hostile.

■ Assignment Details

1. Collage Activity

The collage is used to stimulate discussion among the class participants (students and faculty). It will help us as individuals to make meaning from the course concepts and it will help us to share those meanings with each other.

How to create the collage: Each week, students will bring something to class (a photo, an article, a poem, a cartoon, an object) and add it to the collage. Students are encouraged to bring things they have made that relate to the readings. Students need to "own" and document their contributions by including their name, a brief description of the contribution, and how it relates to the day's session, on the collage. You are not to bring photos from a magazine or the Internet.

How we will use the collage: During each class session, time will be spent discussing how the collage reflects the ideas being studied in the class.

Grading

This activity has marks allotted (5%). **A minimum of five contributions must be made to the collage throughout the course in order to receive the marks.** Each student will be assigned a specific week when they will verbally share with the whole class. It is the student's responsibility to keep track of collage contributions and participation on the form provided by the instructor. Submit this record of your participation in your class the week of March 20.

2. Written Assignments

There are two written assignments in this course. The first assignment is an introduction to help you evaluate your interactions with your patients and/or family members. The next assignment builds on this process. Please refer to the handout that describes these assignments.

■ **Assignment Details (cont'd.)**

The purpose of these assignments is to demonstrate awareness and understanding:

- of the multiple contexts in which interpersonal communication occurs.
- of the verbal and non-verbal attitudes and skills in yourself and others that facilitate shared meaning.
- of the verbal and non-verbal attitudes and behaviours in yourself and others that block shared meaning.
- to increase your awareness of your patient interactions.
- to develop a plan for improving your future professional practice.

Information, including the details and grading scheme for these assignments, will be given in a class handout.

Note: Students who are not taking a practicum course concurrently with this course must make an appointment by the second week of the term with the course instructor to discuss plans for how these interactions will be obtained. If you drop your practicum course before Assignment #2 is due, you must also see the instructor to discuss your plans for the assignment.

3. **Midterm Exam**

The midterm exam will be on Wednesday, March 8, 2006
Location: SW1–2030
Time: Both sets together
1430–1630 hours

Schedule

Week of	Week	Outcome/Material Covered	References
Jan. 9	1	**Introduction and review of course outline** Learning needs and goal setting. Lab process, participation, readings, simulations, course requirements, and evaluation.	***Please Note*** **R = Required O = Optional**
Jan. 16	2	**Interpersonal communication — definition and principles** ***Collage** 1. pp. 13–15 — Which of Buber's levels of communication is appropriate to your nursing role with patients, families, and colleagues? 2. pp. 23–24 — "We can't automatically communicate with others as full unique individuals because we don't know them personally when we first meet." Is getting to know your patient personally congruent with the professional role of a RN? 3. pp. 27–28 — Who is responsible for how others interpret our non-verbal behaviour — the other or myself? 4. p. 33 — What do you mean to your patients? What do you want to mean to them? 5. pp. 37–38 — What does 'dual perspective' mean? How might you use it in your nursing practice? 6. p. 38 — Does the requirement for self-monitoring promote self-consciousness or self-awareness? What is the difference between these processes?	**R** Wood & Henry. Chapter 1. Read pp. 2–3. If you are not familiar with Maslow's hierarchy of needs read pp. 4–9. Read pp. 10–25. Read p. 28 "Concept at a Glance, Eight Principles of Interpersonal Communication." If you do not understand part of this, read the corresponding section on pp. 27–34. Read p. 35 "Concepts at a Glance, Guidelines for Interpersonal Communication Competence." Read any corresponding section that you did not understand on pp. 35–41. Be sure you understand dual perspective and read p. 38 "Apply the Idea, Developing Dual Perspective." **R** Nurse-Client Relationships, pp. 4–14. **Handout.**

Week of	Week	Outcome/Material Covered	References
Jan. 23	3	**Self-awareness in nursing** ***Collage** 1. p. 61 — Complete the exercise outlined under Reflecting on Reflected Appraisals. (Wood & Henry, 2002) **Johari Window Exercise** 2. Use the ideas in the readings on the social penetration model of self-disclosure and how the amount you self-disclose differs in relationships. (Beebe & Beebe, 2004, p. 318) 3. Complete three Johari Windows (Beebe & Beebe, p. 319) A. with one of your parents or grandparents; B. your closest friend; C. a co-worker or classmate. Give examples in each of the four quadrants or panes of the window for each of the different relationships. You determine the size of each quadrant in each of the relationships. 4. What experiences, attitudes, or feelings do you have that you might disclose to a client to help establish a therapeutic relationship? **In-class** 1. In small groups share some of the information and the insights you gained doing your Johari Windows. 2. Questions for discussion: A. Is there an ideal Johari Window configuration, i.e., "who we are" in a nurse-patient relationship? B. How might self-disclosure be used in a nurse-client context? C. What effects, both positive and negative, could self-disclosure by a nurse have on a nurse-patient relationship? D. What have you done as a nursing student to help you analyse *yourself*?	**R** Wood & Henry. Chapter 2. Read pp. 42–64. Skim pp. 65–73 (top). Read pp. 73 (bottom) – 81. **R** Beebe, S., Beebe, S., Redmond, M., & Geerinck, T. (2004). Chapter 10, *Self-disclosure in interpersonal communication relating to others* (3rd Canadian ed.). pp. 317–323. **(Handout)**

Week of	Week	Outcome/Material Covered	References
Jan. 30	4	**Perception and communication** ***Collage** 1. What is perception? Explain this in your own words. Give examples to illustrate this. pp. 83–107 discusses some of the influences on perception. How does the following influence your perception as a student nurse? A. **Culture** – the culture of hospitals and health care givers – the culture of student nurses B. **Social roles** — What is your role as a student nurse and as a guest (non-employee) in the hospital? How does your role affect what you notice and how you interpret and evaluate it? C. **Cognitive abilities** — Assess your own cognitive complexity and personal perception. How do they influence how you perceive your patients, their family members, your clinical instructor, the nursing staff, etc.? 2. Some guidelines are given for improving perception and communication (begins p. 107). The guideline "all perceptions are subjective" means there is no clear right or wrong and there is no truth. What are your views about the above statement? **Emotions and communication** 1. p. 123 — Complete and mark the EQ quiz. How does your EQ score relate to your perception of your own emotional intelligence? 2. pp. 148–152 — What are some of the reasons for ineffective expression of emotions? 3. pp. 152–159 — These pages outline some guidelines to communicate emotions effectively. Which of these guidelines do you think you can or do currently use?	**R** Wood & Henry. Chapter 3 and Chapter 4. In Chapter 3 read pp. 82–95. p. 96, read "Concept at a Glance," There are several factors that influence our perceptions." If you do not understand any part of this, read the corresponding sections on pp. 96–106. Read pp. 107–119 and all of Chapter 4.

Week of	Week	Outcome/Material Covered	References
Feb. 6	5	**Relational capacity** ***Collage** Parts of the assigned readings for this week promote the use of behavioural communication skills. The attached article, however, challenges that idea saying that the behavioural approach to learning communication skills is contrary to achieving shared meaning and partnership. Please read the distributed article and be prepared to discuss your ideas about it. The following questions may guide your reading: 1. What evidence from your own practice do you have that using behavioural skills (such as asking open-ended questions, clarifying, or summarizing) either help or hinder you from connecting with your patients? Think of interpersonal experiences you had with patients in Level 1 and Level 2 Praticums. 2. What ideas do you have about balancing your "natural tendency and capacity for relational connection" (p. 524 right column) with the self-consciousness required to learn to use some behavioural skills? In other words, can you "abandon self" and be spontaneous, and also use some of the helping skills described in the Haber reading? 3. The nurse's experience with the parents of the dying baby (p. 527) is certainly more relational than behavioural; however, the nurse did use a "technique" or "skill" to connect with the parents. What was it and why do you think it worked so well? The nurse in the narrative felt scared when asked to work with the above family. How did she handle this fear? Have you used these strategies? If you used these strategies, what was the result? If you have not used them, do you think they might work for you? 4. pp. 191–198 — Woods discusses guidelines for improving verbal communication. What is your opinion of these guidelines?	**R** Wood & Henry. Chapter 5. **R** Haber, J. (1997). Therapeutic communication. In J. Haber, B. Krainovich-Miller, A.L. McMahon, & P. Price-Hoskins, *Comprehensive psychiatric nursing* (5th ed., pp. 136–142). St. Louis: Mosby. **Handout.** **R** Hartrick, G. (1997). Relational capacity: The foundation for interpersonal nursing practice. *Journal of Advanced Nursing, 26*, 523–528. **(Handout)**

Week of	Week	Outcome/Material Covered	References
Feb. 13	6	**Non-verbal communication** ***Collage** 1. One of the rational-level meanings established by non-verbal behaviours is **power**. Think of the hospital context and discuss how power is reflected. Who do you think has the most power? The least? What cues support your assessment? What power do you as a student have on the ward? How do the non-verbal cues re your power/lack of power in the hospital setting influence the non-verbal behaviours **you** manifest during your practicum experience? 2. One type of non-verbal behaviour mentioned in your text is **kinesics**. Think for a moment about your kinesic messages. Are these the same for you when you are with friends as when you are in your hospital praticum? What changes, if any, do you display? What does this tell others about you? Are these the messages you want to give? If not, what do you need to change to communicate the desired messages? 3. p. 220 of your text states that "touching also communicates power and status. People with high status touch others and invade others' space more than people with less status do." Discuss your thoughts on this statement. How is this relevant in nursing? 4. Silence is an elegant form of non-communication. Discuss both the positive as well as the negative messages that a nurse conveys when using silence. **Assignment #1 Due Monday, February 13 by 1230 Hours**	**R** Wood & Henry. Chapter 6.

Week of	Week	Outcome/Material Covered	References
Feb. 20 Monday **Only** **Set A** Wednesday **PD Day –** **No Class**	7	**Dealing with the angry person and predicting aggressive behaviour** Knowing how to assess a patient's potential for aggressive behaviour is a very important nursing skill — both for your patient's safety and your own. Following the assessment you can make some adjustments to your behaviour and to the environment that will increase security and safety for the potentially violent patient and yourself. The following exercise is on assessing the risk of violence. After doing the in-class activity we will have a discussion of useful nursing interventions (Hamolia, 1995, pp. 729–731) for aggressive patients. Read Hamolia's description of how to predict aggressive behaviour (pp. 725–729). Study the assessment form on p. 728. From your experience, think about an angry patient who you have dealt with or with whom you have seen staff members deal with. What information is needed to assess the patient and determine her/his risk for being or becoming violent? Make a few rough notes to help you remember for the class discussion. If you have had no experience with angry patients think of an angry person from your personal life. What would it be like if a patient in your clinical area demonstrated these behaviours? **In-class activity** In your group you will briefly share one of the patient situations. The group task is to: 1. assess the described patient using the assessment form. 2. determine the patient's risk for violence. 3. report to the large group on how you assessed the patient, including what score the patient got on the variables. 4. comment on the presentations of the other groups.	**R** Hamolia, C.C. (1995). Managing aggressive behavior. In G.W. Stuart & S.J. Sundeen, *Principles and practice of psychiatric nursing* (5th ed., pp. 719–731). St. Louis: Mosby. *Please note that the above was written primarily for nurses working with people with psychiatric/mental health problems. However, much of it is relevant for all nurses.* **R** One of the following: Staples, P., Baruth, P., Jeffries, M., & Warder, L. (1994, April). Empowering the angry patient. *The Canadian Nurse*, 28–30. Disatsio, C. (2002). Protecting yourself from violence in the workplace. *Nursing 2002, 32*(6), 58–63.

Week of	Week	Outcome/Material Covered	References
Feb. 27	8	**Mindful listening** ***Collage** 1. Some forms of ineffective listening are described in your textbook. In this exercise, you will write clinical examples of some of them. Example: **Patient**: Nurse, I am very uncomfortable. My sheets are all bunched up under me and I don't think that pill you gave me is doing much for my leg pain. **Nurse**: I've given you as much as you are allowed for now and I fixed your sheets just 15 minutes ago. Maybe if you didn't move around so much you would feel better. This is an example of defensive listening. Write a better response to the patient. Now, write examples of at least three forms of ineffective listening that might occur between a patient or family member and a nurse. If you cannot think of any, write examples from your own personal experience of not being listened to or not listening. Share your examples in your small group. 2. Wood and Henry describe mindfulness as the first step to listening effectively and this requires a conscious commitment. What makes effective listening such hard work? Do your emotional reactions get in the way of listening effectively? Think of some examples of situations in which you have not been able to hear what was being said because of your emotional reactions. Are there particular topics that trigger these reactions? How could you control your reactions? 3. Responding is the fifth step in the listening process. It is the active part of "active listening." List the responding skills that you think constitute active listening. Use the list of techniques distributed in class.	**R** Wood & Henry. Chapter 7.
Mar. 8 Wednesday	9	**Midterm Exam** **Wednesday 1430–1630 SW1–2030** **Sets A and B** **No Class This Week**	

Week of	Week	Outcome/Material Covered	References
Mar. 13		**SPRING BREAK**	
Mar. 20	10	**Interacting with a person who is anxious** ***Collage** 1. Write an example that demonstrates the model of stress as a transaction. Your example needs to clearly demonstrate the relationship between the situation or circumstance (stressor) in the environment and the individual experiencing the stressor. Be sure to include evidence of the primary and secondary appraisal. You will share your example with one person in your group. When you receive an example, your role will be to analyse the example. 2. List factors in your life that influence your interpretation of stressors. Compare and contrast how you respond to stress with someone else you know well. You may share your ideas with your group, *as you feel comfortable.* **Collage activity is finished. Please submit record of your participation.**	Reread course outline. **R** Keltner, N.L., Schwecke, L.H., & Bostrom, C.E. (1991). *Psychiatric nursing: A psychotherapeutic management approach.* St. Louis: Mosby. pp. 351–359. **R** Arnold, E., & Boggs, K.U. (2003). *Interpersonal relationships. Professional communication skills for nurses* (4th ed.). Philadelphia: Saunders. pp. 496–499.
Mar. 27	11	**Simulation #1 — Eleanor Dubois – Patient Simulation** **Assignment #2 Due Monday, March 27 by 1230 Hours**	
Apr. 3	12	**Interacting with a person who is confused** 1. What are some similarities between delirium and dementia? 2. What are the differences between delirium and dementia? 3. What is reality orientation? What cognitive processes must a patient have to benefit from reality orientation? 4. What is the purpose of validation therapy?	**R** Feil, N. (1992). Validation therapy. *Geriatric Nursing, 13*(3), 129–133. **R** Evans, C.A., Kenny, P.J., & Rizzuto, C. (1993). Caring for the confused geriatric surgical patient. *Geriatric Nursing, 14*(5), 237–241. **R** Henry, M. (2002). Descending into delirium. *AJN, 102*(3), 49–55.
Apr. 10	13	**Simulation #2 — Jana Olynuk – Patient Simulation**	

Week of	Week	Outcome/Material Covered	References
Apr 19 Wednesday **Only** **Set B** Monday – **No Class**	14	**Dealing with the angry person and predicting aggressive behaviour** Knowing how to assess a patient's potential for aggressive behaviour is a very important nursing skill — both for your patient's safety and your own. Following the assessment you can make some adjustments to your behaviour and to the environment that will increase security and safety for the potentially violent patient and yourself. The following exercise is on assessing the risk of violence. After doing the in-class activity we will have a discussion of useful nursing interventions (Hamolia, 1995, pp. 729–731) for aggressive patients. Read Hamolia's description of how to predict aggressive behaviour (pp. 725–729). Study the assessment form on p. 728. From your experience, think about an angry patient who you have dealt with or with whom you have seen staff members deal with. What information is needed to assess the patient and determine her/his risk for being or becoming violent? Make a few rough notes to help you remember for the class discussion. If you have had no experience with angry patients think of an angry person from your personal life. What would it be like if a patient in your clinical area demonstrated these behaviours? **In-class activity** In your group you will briefly share one of the patient situations. The group task is to: 1. assess the described patient using the assessment form. 2. determine the patient's risk for violence. 3. report to the large group on how you assessed the patient, including what score the patient got on the variables. 4. comment on the presentations of the other groups.	**R** Hamolia, C.C. (1995). Managing aggressive behavior. In G.W. Stuart & S.J. Sundeen, *Principles and practice of psychiatric nursing* (5th ed., pp. 719–731). St. Louis: Mosby. *Please note that the above was written primarily for nurses working with people with psychiatric/mental health problems. However, much of it is relevant for all nurses.* **R** One of the following: Staples, P., Baruth, P., Jeffries, M., & Warder, L. (1994, April). Empowering the angry patient. *The Canadian Nurse*, 28–30. Disatsio, C. (2002). Protecting yourself from violence in the workplace. *Nursing 2002, 32*(6), 58–63.