Chapter 9

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ABSTRACT
Difficult nurse-patient relationships are an area where general nurses can improve their knowledge, confidence and skill. This chapter describes a user-centred approach used to create a low-cost e-simulation of a commonly occurring case of manipulative patient behaviour. This e-simulation required nurses to focus on specific problems, gain understanding about the possible causes, and use empathetic understanding of what was needed to improve patient care. Specific examples from our experience of including nurses from the very beginning of the design process illustrate how everyday technology can provide an authentic experience of difficult nurse-patient behaviours to prepare general nursing staff who are facing a higher incidence of mental illness in patients that are now in the general hospital setting.

INTRODUCTION
Mental health liaison nurses have identified difficult nurse-patient relationships as an area where general nurses could improve their knowledge, confidence, and skill awareness in their workplace (Sharrock & Rickard, 2002). In this chapter, we will describe a user-centred approach used to achieve the dual goals of developing practising nurses’ capacities in these areas while learning at work using low cost, everyday technologies. Highfidelity simulated manikins are becoming commonplace in pre-registration nurse education, but their use to develop interpersonal communica-
tion is limited as they, as yet, do not demonstrate the full range of communication capabilities, such as non-verbal communication. As an alternative to high-fidelity simulations, the mental health liaison nursing department at Prince of Wales Hospital in the state of New South Wales (Australia) chose to create a small budget e-simulation on the difficult nurse-patient relationship called ‘The case of Rosie O’Grady’. This e-simulation was designed to help nurses work through a case study of a difficult patient using a patient management technique called ‘BARE-Plan’ (Smith & Brunero, 2007). This technique requires nurses to focus on specific problems, gain understanding about the possible causes of difficult nurse-patient relationships, and use empathetic understanding to improve patient care. The project’s small budget required that the development team adopt a user-centred methodology in order to incorporate practising nurses’ experiences into the design and thereby ensure the maximum authenticity in the e-simulation. Each section contains specific examples drawn from our experience of developing this e-simulation for clinical nurses. The examples illustrate the different stages of the simulation’s development from the initial story to its final implementation as a CD-ROM for general nursing staff. Accompanying each illustration is an explanation of how we worked with nursing practitioners to address the specific challenges faced by nurses learning in the workplace.

**KATE’S STORY**

Kate was a 33 year old single mother who had been admitted from the Emergency department with severe abdominal pain and nausea. According to staff, she was demanding (pressing the patient buzzer regularly), shouting, and crying during the shift. She verbally abused two staff members and threatened to walk out unless she received stronger pain relief and use of the telephone and a TV.

Nurses encounter patients like Kate each day in any large metropolitan hospital. Kate was not deliberately intending to create stress or more work in the nurses’ day. Yet a difficult nurse-patient relationship began to develop and consume more nurses’ time than the patient’s condition would originally have suggested. Nurse Unit Managers are well aware that managing difficult behaviours from patients is a common problem experienced by general nurses (Stein-Parbury, 2009). These difficult behaviours limit the nurse’s ability to carry out their normal nursing care, as more time is spent in dealing with patients’ demands and complaints.

As a result of an increased likelihood of confronting difficult behaviours, nurses need to have the self-confidence to be able to call upon appropriate strategies to pre-empt, de-escalate, and manage these behaviours in a way that ensures the safety of staff, patients, and visitors. Fortunately, managing difficult nurse-patient relationships is a skill that can be learnt and improved with practice. Aggression, complaints, or negativity from patients require nurses to be able to understand how they respond to these behaviours. The nurse needs the ability to evaluate each incident using empathetic questioning so that she can identify the best plan of nursing care to manage these difficult behaviours (Smith & Brunero, 2007).

Developing strategies for dealing with difficult behaviour is not just a topic for pre-registration nurse education. Even experienced nurses can struggle with difficult patient-nurse relationships. Nurses are continually required to up-date their knowledge (Porter-O’Grady & Malloch, 2003) and this creates a strong desire for learning in the workplace albeit with less time or autonomy brought about by financial constraints and corresponding increasing patient to nurse ratios (Needleman, Buerhaus, Mattke, Stewart, & Zelevinsky, 2002). The major difficulty for most general nurses is finding the time for learning (White et al., 1998). Nurses work shifts and have family commitments that make accessing continuing education outside