



# ESRD Network #12

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## Staff Newsletter

**We're Here For You.**

### Perceived Entitlement...in an Entitlement System



*"Some people regard themselves as perfect, but only because they demand little of themselves". - Herman Hesse*

This preceding quote is abstracted from one of the many works of Nobel Prize winner Herman Hesse (1877 - 1962). At times, some patients set low expectations of themselves, but almost unobtainable expectations of the staff at the unit. How then, can we as a renal treatment team recognize appropriate demands for quality and distinguish between unrealistic expectations? This newsletter will provide baseline information for recognizing potentially narcissistic demands and common traits. We encourage a facility discussion embracing timely assessment for the development of criteria and techniques when dealing with the perception of entitlement, in an entitlement system.

While it is normal for a patient to request assistance, education and information, some patients can be overly demanding. Some have not learned to balance the act of give and take and as such, believe others exist only to satisfy their needs and desires. The entitled patient may perceive that they are "owed" or display a "me first" mindset. Some of these unrealistic expectations may stem from a subconscious opinion that having renal failure is not fair and it should not have happened to them.

Usually, but not always, these types of behaviors exist due to lacking or limited social skills for effectively dealing with difficulties. Without intervention, these behaviors can form barriers with staff or other patients or can even manifest like feelings in others. The results foster anger, cruelty to staff or other patients, illegal or legal substance abuse and other self-destructive traits. Negative behaviors and ways of obtaining ones needs without respect to others is referred to as narcissism.

### See inside for a special announcement!

Kimberly Thompson, R.N., C.N.N. is the Patient Services Coordinator at the Network. She assists facilities in understanding their rights and responsibilities when dealing with difficult patient situations according to the federal regulations for providers of End Stage Renal Disease Services. Ms. Thompson may be contacted directly at 816-880-1709.



# Rights are Rights, Right?

Entitlement in health law refers to legislatively defined rights to health care, such as Medicare. However, when dealing with difficult situations, entitlement usually refers to an unreasonable expectation or unfounded claim. An example is a person with narcissistic personality disorder who feels deserving of preferred status and special treatment even though there is no apparent justification for such treatment.

Source: Edgerton, Jane E. 1994. *American Psychiatric Glossary, 7th Edition*. Washington, DC: American Psychiatric Press

*How then can we appropriately address difficulties when presented, and protect patient rights?*

First and foremost, we must educate ourselves on patient rights, and secondly on their responsibilities. Below are the patient rights and responsibilities as obtained from Dialysis Facility Compare; a website hosted by Centers for Medicare & Medicaid Services located at [www.medicare.gov/dialysis/home.asp](http://www.medicare.gov/dialysis/home.asp)

## Patient Rights...

- ...to be told about their rights & responsibilities.
- ...to be treated with respect.
- ...to privacy. Medical records can't be shared with anyone, unless they give permission.
- ...to meet with the entire health care team to plan their treatment.
- ...to see the dietitian for assistance with food planning, and the social worker for counseling.
- ...to be told about their health in a manner they understand.
- ...to be informed of treatment options and choose their treatment option. (Hemo vs. peritoneal)
- ...to be told about the tests ordered and the results of those tests.
- ...to be told about the dialysis process and whether or not their dialyzer is reprocessed.
- ...to be informed about payments required if not covered by Medicare or their insurance.
- ...to be told about financial help available.
- ...to refuse or accept any treatment or medicine ordered by the doctor for them.
- ...to be informed of the rules at the treatment center, (visitors, eating, hours, conduct).
- ...to choose to participate in research studies.

## A MOMENT To Ponder

*The study of human nature may be thought of as an art with many tools at its disposal, an art closely related to all other arts, and relevant to them all. Our primary aim must be to broaden our knowledge of human beings, that is to say, it must enable us all to become better, fuller, and finer people.*

~ Alfred Adler

## Patient Responsibilities...

- ...to treat others as they wish to be treated, with respect.
- ...to pay their bills on time. If this poses difficulty, the patient may request a payment plan.
- ...to inform the healthcare team if any treatments or meds were refused.
- ...to inform the healthcare team if they don't understand their doctor's orders.
- ...to be on time for treatment, or when they have their doctor's appointment.
- ...to notify the facility if they are going to be late or miss a treatment.
- ...to inform the staff of medical problems, dental appointments or recent hospitalizations.
- ...to follow the rules of the facility.
- ...to get to and from the facility for treatments, as Medicare does not pay for transportation.

*Further education may be needed if statements like "You work for me" are overheard in the unit.*



# An Example



Sometimes the social skills necessary for dealing with stress and difficulties may never have been learned or fully developed. This can be true of patients and staff members.

*Remember the way you attempt to deal with a heated situation can either fan the flames or douse them. Essentially the overall goals desired are: cooperation between patients and care givers, healthy assertion of rights, embracement and action according to each members responsibility, empathy to others, and self-control.*

## Early Warning Signs...

The following are early warning signs that potential difficulties could manifest. Consider involving the social worker and facility management if any are observed. Although adapted from a "Workplace Violence Model", the warning signs remain constant and may serve as "red flags" when evaluating potential difficulties.

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- Prior violent acts.
- A migratory dialysis or work history.
- Contempt for authority and authority figures.
- Inability to accept any criticism.
- Externalizes blame. Nothing is ever their fault.
- Paranoia. Takes any change as a personal insult.
- Views violence or intimidation as a legitimate means to an end.
- Holds grudges for a long time.
- Pushes the limit of normal or acceptable conduct.
- Socially isolated with no outlets for anger or frustration.
- History of unresolved problems or personality disorders.
- A zealot. (Racial, religious, political, etc.)
- A history of drug or alcohol abuse.
- A domestic abuser or a domestic abuse victim.
- Fascination with guns or other weapons.
- Unshakable depression and possible suicidal tendencies.
- Obsessive-compulsive behaviors.
- An unwarranted sense of entitlement.
- Romantic or sexual obsessions.
- Newly acquired bad traits.

- Withdrawal from circle of friends or co-workers.
- Excessive demands of staff's time.
- Newly acquired poor personal hygiene.
- Attendance or tardiness problems.
- Poor impulse control or overreactions to situations.
- Emotional displays that are inappropriate or inconsistent with the situation.
- Threats of sabotage.
- Verbal threats directed at others.
- Discussion of stalking or harassing others.
- Giving away personal property.
- Talking about committing suicide.

*A milligram of prevention is worth a kilogram of cure.*

# Other Considerations...

*There may be other factors associated with a persons perception of entitlement. The renal treatment team may desire adopting some or all of these suggestions and factors into team care planning prior to sentinel events.*

*For further assistance with conflict resolution, feel free to call Kimberly Thompspon R.N., C.N.N. at 816 880 1709.*

## *Aggressive Tendencies...*

Some aggressive tendencies are associated with:

- Lack of privacy or control.
- Lack of freedom of choice or the absence of choices.
- Perceived insults to one's dignity.
- Poor impulse control.
- Previous violent coping methods for handling aggressive feelings.
- Diminished self-esteem or lack of respect for the person.
- Increased frustration.
- Confusion.
- Impaired communications.
- Limit setting by the company.

- There is a big difference between making a threat and posing a threat.
- Perpetrators of violence often have a traceable history of problems, conflicts, disputes, and failures.
- A violent response can be triggered by just the perception of a perceived injustice or wrongdoing.
- The violence can be opportunistic, but is usually premeditated.
- Our goal, as professionals, is to remove violence as an option.
- Information about how somebody copes with stress can be very valuable.
- Information is the key component of any anti-violence strategy.
- Caution comes from an understanding of the person involved and a thorough knowledge of the context in which the situation is being carried out.
- Documentation is critical.
- A situation can only be considered handled when the person is deemed to not longer pose a threat.
- Threat assessment is much better than threat response.
- The potential for legal problems will not deter a desperate person.

## *Special Announcement*

### SAVE THE DATE

The Network Annual Meeting will be January 12 & 13, 2005

We will be recognizing outstanding performance during the business luncheon for:

Data Submissions  
Fistula First Achievers  
Staff Champions

## *Final Considerations...*

*Problems become solutions with quick assessment & intervention!*

Portions of the preceding information was modified from Professional Security Training Network: Workplace Violence - Recognizing the Warning Signs available at <http://www.pwpl.com/security/downloads/summaries/9000244summ.pdf>