Violence in healthcare--one nursing student's perspective

Michael S. D'Angelo, CPP

Seeking the answers on why so many nurses are leaving the profession in their first year on the job, the author interviews a former nursing student, now a clerical employee in his hospital, on the violence she experienced in her clinical career. Her answers, he concludes, pinpoint why nurses are leaving the profession and what has to be done to prevent a future "disaster" in healthcare.

(Michael S. D'Angelo, CPP is the Security Manager for Baptist Health South Florida. A retired Captain in the South Miami, FL Police department where he served for 20 years,he is an IAHSS member and serves on the ASIS International Healthcare Security Council. He is the author of the book: *From Police to Security Professional: A Guide to a Successful Career Transition (CRC Press)*, as well as a regular contributor to this journal.)

For security managers working in healthcare, it has become commonplace to find your e-mail inbox flooded with articles and reports of workplace violence occurring in facilities across the country. The national statistics from almost all sources show continued increases in violent encounters. Type 2 of the FBI classification--violence against service providers perpetrated by clients (patients, families, and visitors against healthcare staff)--continues to rise at an alarming rate. More recently, the Occupational Safety and Health Administration released its new version of *Guidelines for Preventing Workplace Violence for Healthcare and Social Services Workers*. This document reveals that incidents of workplace violence in healthcare are still increasing. Over 70% of reported assault incidents stem from the healthcare and social services industries.

By now, most healthcare facili-

ties (HCF) have employed some measure of education, training, and awareness programs pertaining to decreasing incidents or properly responding to incidents of violence. Many organizations are bringing in professionals with well designed workplace violence prevention programs. Other hospitals are utilizing professionals within their organization to present and educate.

In our healthcare system, Baptist Health South Florida, we internally present a four-hour program entitled *Healthcare Workplace Safety; Recognizing and Responding to Aggressive Behavior*. Although the course covers many related topics, it has a concentration on the training of practical de-escalation techniques for healthcare staff. Like many presenters, I find that starting the class by sharing the alarming statistics is an excellent way to get the audience's attention and to stress the importance of the proceeding program.

During a recent session of the program, while discussing a commonly cited survey that reveals 72% of nurses do not feel safe in the workplace and that 60% of new nurses leave the profession within the first year due to workplace violence, an attendee, Jessica*, instantly raised her hand. "He is absolutely right and I am living proof of the 60%." She went on to introduce herself and tell me that she worked in a clerical position within our real estate acquisition department because of the workplace violence she experienced while in the clinical setting. She went to school working towards her BSN and also worked as a medical assistant at another organization's clinic and hospital, but she left the clinical side of the profession in just over a year and a half.

What could an enthusiastic and obviously bright nursing student encounter in the workplace that drove her out so fast? Something powerful caused her to feel the need to validate the statistic. The classroom was not the setting to compel her to share her personal story. However, later that day I contacted Jessica. I wanted to know if she would feel comfortable sharing the details of her story with me. "I would be happy to. The statistic is scary and I know exactly why." I went on to explain there would be tremen-

*Name changed to protect her identity

dous value in sharing her story with me, both for educating our fellow employees and hopefully to assist all of us in directly addressing the causes of this alarming statistic.

A STORY BEHIND THE STATISTICS

The following is my interview with Jessica, a medical assistant and nursing student who was driven out of the profession in less than two years due to workplace violence:

Q: Good morning Jessica, thank you for your time and candor on this very important topic. I think there is tremendous value in what you are about to share. When I mentioned the "60%" statistic, your face lit up and you immediately raised your hand, what compelled you to share?

A: *The statistic is absolutely right and I lived through it. It needs to be talked about and it needs to be addressed or it will continue to turn people away from the profession.*

Q: Tell me about your schooling and your start in the field.

A: *I was attending a private nursing college and while going to school, I accepted a position with a local private clinic as a medical assistant. The clinic was not in a great area of town and treated a lot of indigent and low-income patients. The place also treated a lot of drug users and many psych cases. There was no real security or protection for the staff. Worse yet was the attitude of administration.*

Q: What was the administration's support?

A: *None. Getting assaulted was part of the job! In one instance, I was taking vitals of a patient named Darwin who had an extensive psych history. In the middle of vitals, Darwin lunges forward at me and with both hands grabs me around the throat. As he is choking me he is yelling: "you are so beautiful." I had to forcibly pry his hands from around my throat while trying to scream for help. Other staff members showed up and started to try and calm Darwin down. Management told me to calm down, take a break and have glass of water! No calling the police, no throwing the patient out, nothing! As I was taking a break trying to regain my composure, they allowed Darwin to continue treatment and see another medical assistant. I even*

tried to talk to co-workers about the incident and they too acted like I was making a big deal out of something that happens all the time.

Q: You were assaulted. You were the victim of a crime. Nothing was reported and nothing changed in the clinic as a result?

A: *Nothing at all. There were incidents of violence with other patients all the time. They never called the police about anything, never wrote any internal reports, and maintained the attitude that this is just part of our business.*

Q: Obviously, this made you lose faith in your management's support, but going forward, how did you now feel about coming to work?

A: *I was terrified. Everyday I went to work expecting to be attacked. First thing I did everyday was check the patient roster for the day. If I saw Darwin was scheduled to come in, I was immediately upset. Even though they would not schedule him to see me, a few minutes before his appointment time, I would go out to my car and drive around the neighborhood in circles until his appointment was over. It was the only way I could deal with it. There was no way I could be in the same building as him. No way I could work and see him. I would not be able to function.*

Q: And the only support from the clinic's administration was to allow you to take a break and leave until he was gone?

A: *That was it. My co-workers continued to blame me for making a big deal about it and actually accused me of bringing it on. They would say that because I was attractive and wore makeup, or styled my hair a certain way that I brought it on. I started to come to work with no makeup on, my hair a mess and trying my best to look unattractive. I did everything I could to not give off that impression.*

Q: You made those changes, but you started to believe some of what they said?

A: *I knew it wasn't me, but I would try anything to avoid being attacked again.*

Q: That was an absolutely toxic working environment. How could you continue to function and work in that atmosphere?

A: *I couldn't take it much longer and after a year and four months*

I quit.

(About the same time as leaving the clinic, Jessica transferred schools to a local state university where she continued on with her nursing studies. She managed to secure a position with an area hospital's cancer center while doing the clinical portion of her studies. Her position was on the overnight shift.)

Q: You mentioned to me that when you were working nights at the hospital, you also experienced workplace violence, but of a different kind. Tell me about that.

A: *There was tremendous hostility among the staff. No one got along and some of the arguing got aggressive and often escalated to violence, but there was also hostility from patients and almost the same attitude from the administration. I was attending to a patient who noticed my tattoo (on the inside of Jessica's right wrist is the Buddhist symbol for "Om," the sound one makes when meditating) and immediately began screaming that she did not want to be treated by a terrorist and accused me of being Middle Eastern.*

Q: How did the hospital's management respond?

A: *Again, it was me! They moved me to an administrative position behind a desk so I would not intimidate the patients!*

(After less than six months in the clinical setting of the hospital, Jessica quit. Of even greater concern is she quit school and gave up completely on her dream of being a nurse.)

A: *I always wanted to be a nurse. I loved the clinical and treatment side of caring for patients, but there was no way I was staying in that profession. The level of violence is ridiculous and the lack of taking it seriously by administration is insane! Management seems to only focus on the compassionate parts of patient care and ignores the risks and dangers to staff.*

Q: What was next for you once you walked away?

A: *I got a clerical job with Baptist Health South Florida in the real estate department. The attitude and support from the administration is very different here. Perhaps if I started my nursing career here things may have been different, but there is no way I would go back to patient care in the current state of things in the industry. I took a huge pay cut when I left nursing, but I*

am much happier and feel safe.

WHY THE '60%' STATISTIC IS SO HARMFUL

The "60%" statistic is harmful in several ways. Obviously, losing nurses within their first year is costly to the organization that hires them. Additionally, with the nursing shortage in our country, holding on to qualified nurses is vital. If losing nurses within the first year is a tragedy, then losing nursing students before they even graduate is a pending disaster.

Although nothing Jessica shared with me is new or shocking to those of us in healthcare security, certainly some serious issues rise to the surface of the problem. None more concerning than a lack of concern from the leadership of healthcare faculties. We can establish all the prevention and intervention programs necessary to address the issue, but without internal support from senior leadership, significant change in trends will not occur. Statistics are attention getters, but far too often proactive change does not take place until a healthcare facility falls victim to a serious incident of workplace violence.

Top down buy-in can be demonstrated by "zero tolerance" workplace violence policies issued from the highest levels within an organization. That practice has to be followed up by strict enforcement of the policy and Human Resource Department's immediate follow up with penalties (in most zero tolerance policy, an act deemed to be workplace violence results in termination).

The mindset that being assaulted is all "part of the job" for healthcare professionals must disappear from our culture. Assault, battery, and other acts of violence are crimes and in most cases warrant law enforcement involvement. Because they may take place in the healthcare setting is never an excuse for acceptance. Care, support, and counseling for victims of workplace violence should be part of any healthcare organization's workplace violence prevention programs.

Lastly, although we are at the forefront of the epidemic, healthcare workplace violence is not a security issue. It is an organizational one.

References

http://www.fbi.gov/stats-services/publications/workplace-violence/workplace-violence/view

https://www.osha.gov/Publications/osha3148.pdf