

US healthcare workers face rise in workplace violence

By Alex Johnson
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Workplace violence against nurses and other healthcare workers has burgeoned in recent years, becoming a nationwide phenomenon across hospitals and clinics. In one report released by nurse.org last month, testimonials from workers and official injury statistics highlighted, as the article's headline puts it, "a silent epidemic" of violence growing in healthcare settings.

The article cited a report released by the American Nurses Association (ANA), which found that a staggering one in four nurses is assaulted on the job on any given day. Drawing on figures from the Bureau of Labor Statistics, the ANA report notes that 13 percent of days away from work in the healthcare and social assistance sectors in 2013 were the result of violence. Workplace violence includes physical assaults, physical or verbal harassment, and even homicide.

Workplace violence in the healthcare sector remains higher than in most professions. According to the Occupational Safety and Health Administration (OSHA), an estimated 75 percent of reports of workplace violence each year occurs in the healthcare and social service industry.

Data from the National Crime Victimization Survey has documented that healthcare workers have a 20 percent higher chance of suffering workplace violence than other workers. A recent poll conducted by the American College of Emergency Physicians found that 47 percent of emergency physicians had been assaulted while at work and over 70 percent report witnessing another assault.

The surge of violence against healthcare workers is a function of the US healthcare system itself. Nurses in particular are the frontline contacts for patients in their families, who are often in medical and emotional crisis and can lash out emotionally and physically against those providing them with care. But this has always been the case. What has changed?

Emergency rooms, hospital wards and clinics are a microcosm of the communities around them, concentrating their social and economic distress, as well as increased violence. Patients and their families seeking medical care also have the added stress that, even if their treatment is

successful, they could return home to crushing medical debt.

A recent survey by the Kaiser Family Foundation and the *Los Angeles Times* found that 137 million Americans struggle to pay their medical bills. One in six Americans who get insurance through their jobs say they been forced to make "difficult sacrifices" over the last years to pay for healthcare, including cutting back on food, doubling up with relatives or friends, or taking on extra work. One in five say their medical bills have eaten up all of most of their savings.

Skyrocketing out-of-pocket costs are the result of dramatically increased deductibles and co-pays. Added to this is the impact of the Affordable Care Act on healthcare workers. While the ACA has reduced the uninsured rate, this means that more patients are utilizing their insurance, adding to patient loads for healthcare workers, who are also under pressure to cut costs for hospitals and other providers.

All of this translates into a potentially toxic environment for those providing patient care. The nurse.org article contains numerous stories of attacks on healthcare workers, revealing their workplace conditions to be veritable danger zones where they're vulnerable to the most brutal assaults from patients.

Angela Simpson, a registered nurse from Maryland who was only employed for six months, suffered a severe head injury after being attacked by an agitated dementia patient.

Simpson compared the likelihood of her getting hurt while working to her husband, a corrections officer. "It is more likely that I will be hurt on the job by an assault than him," she said. "He gets to use pepper spray and has a bullet-proof vest, and he has others to back him up. He has the right to defend himself."

Despite the publication of numerous studies exposing the rising violence against nurses and other healthcare workers, the healthcare industry discourages nurses from reporting incidents of violence, even when injuries are sustained.

"So many people don't want to talk about it," Simpson said. "They think they will be in trouble if they talk at work about being assaulted." In many cases, healthcare workers are even intimidated and blamed by employers for conflicts

with unstable patients. In many cases where reports are filed, workers are either disciplined or terminated.

The photos included in the nurses.org article illustrate the severity of the violent attacks. In one photo, a nurse is laid up in a hospital bed with a bloody and bloated nose. Another photo shows a nurse with a broken arm and a large cast covering her shoulder, while others revealed bruises across workers' faces and bodies.

Over the past few weeks, the *World Socialist Web Site* has reported extensively on the intolerable conditions nurses face in the workplace. In a recent interview with the WSWS, nurse scientist Judy Davidson emphasized that the violence directed against nurses was significant factor behind the psychological and emotional damage to nurses that lead many to contemplate self-harm and suicide.

"There's an increase in violence targeted at nurses in the workplace by patients and their families," Davidson said. "There's tension because you can't tie down a patient when they are violent since it would be considered the battery to hold them down, but somehow you've got to get them to behave."

One nurse at a hospital in Anaheim, California spoke to a WSWS reporter after reading about the interview with Dr. Davidson. "It is an interesting article," the nurse said, asking to speak anonymously. "We've had a doctor, a respiratory therapist, and a dietician commit suicide since I've been at this hospital. Also, a former nurse co-worker, who was working at another facility, committed suicide this year."

"The article is spot-on about us having to deal with combative patients. I've been hit, kicked, pinched, had things thrown at me, elbowed in the stomach when I was pregnant." When asked what response nurses should adopt when confronted with dangerous patients, she said that all they've been taught was "how to run and call for help. It's crazy that we need to do this regularly, but it's the nature of our job."

"It's been this way since I've been working," she said, having joined the hospital over 8 years ago. "I don't notice a difference, but the nurses who've been working longer say that nursing has really changed since they started. I'm talking about nurses who are ready to retire in the next few years. I'm not sure when it changed."

"If you ask my husband, he'll often say that I'll tell him that I don't want to go to work the next day," she said. "It's the unknown. What kind of day will it be? What will the patients be like?"

In response to the number of assaults they face, nurses have begun protesting their conditions to hospital bureaucrats and management. Registered nurses at St. Joseph Hospital in Eureka, California held a one-day strike in front of the hospital in July, demanding that management

approve a nurse-driven workplace violence prevention program proposal.

One inpatient Rehab RN who participated in the strike said, "Registered nurses go to work with the goal of helping our patients heal. We must be allowed to do this in the safest possible environment—because if we aren't safe, how can we keep our patients, families, and visitors safe?"

Demands from the nurses at St. Joseph aren't an isolated development, but are a part of a broader movement of healthcare workers against the giant hospital chains and for-profit healthcare industry. More than 80,000 healthcare workers at Kaiser Permanente have threatened to walk out next month, in what could be the largest nationwide strike since 1997. Authorization for strike action has already been approved by 98 percent of union members.

In addition to violent and unsafe working conditions, healthcare workers are facing outsourcing, understaffing, wage reductions and the gutting of benefits. Addressing these grievances will require a sustained struggle not only against the healthcare industry, but also the trade unions, which have isolated workers struggles and limited strikes to a couple of days. Healthcare workers need to form new organizations, independent rank-and-file committees, that will allow workers to take the struggle into their own hands.

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