

Guard dogs, panic buttons: Nurses under threat from rising violence

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Emergency room nurse Grace Politis was catching up on paperwork during her shift when she suddenly realized her head hurt badly. Then she blacked out.

"Later on, I found out I was hit in the head twice with a fire extinguisher by a patient," said Politis, who works at Lowell General Hospital in Lowell, Mass.

A disturbed man awaiting psychiatric evaluation had fractured Politis' skull, causing her head to bleed in two places and crushing one of her fingers.

Workplace violence in [health care facilities](#) has been shockingly high for years. The U.S. Bureau of Labor Statistics says that a health care worker is five times more likely to suffer violence and injury on the job than workers overall.

Now, the stress of the pandemic has made an already dangerous situation even worse.

Nurses providing care for COVID-19 patients are more than twice as likely to be physically attacked or verbally abused at work than those who care for other patients, according to a study from workplace violence researcher Jane Lipscomb that was recently published in the journal *Workplace Health & Safety*.

"Given how politicized the whole issue of vaccines and masking has become, I would think that we're actually going to see an increase in violence, rather than any kind of decrease," Lipscomb said in a *HealthDay Now* interview.

The threat of violence and abuse from patients and their families has gotten so bad that CoxHealth hospitals in Springfield, Mo., have started handing out panic buttons to staff and placing [guard dogs](#) in risky areas, Natalie Higgins, an emergency room nurse with CoxHealth, told *HealthDay Now*.

"When I first started, you would see it every once in a while. It wasn't a huge ordeal. But now it's every day," Higgins said.

"The verbal attacks are every day when we're at triage. We have a visitor policy, and people don't appreciate the visitor policy and so they lash out at us, like it's our decision. Or our patients are frustrated with wait times," Higgins said. "The physical isn't as common, thankfully, but it's still happening too often."

Pandemic is making matters worse in ERs

The pandemic already has placed incredible strains on health care staff, as hospitals run near capacity during COVID surges. Worker burnout continues to threaten staffing levels at hospitals.

"Before everything happened, we always chipped in to do what we could do, but now you have to do X, Y and Z because we just don't have the people to do it," Higgins said. "It's stretching us thinner, and it's getting tougher and tougher to go to work every day."

Politis added, "A lot of times, what really, really counts is the co-workers that you have and the environment that you make it. As rough as a shift may be, if you have those co-workers that you can count on to make you laugh for even a split second, it makes it worth it."

Now, the aggressive nature of some COVID-19 patients and their families are adding yet another strain to the burden on health care workers during the pandemic.

"I've seen patients who have COVID that become very confused and try to get out of bed, or become verbally abusive, or just aggravated," Politis said.

"I've also seen young healthy adults become very, very angry and upset just for the pure fact that they have COVID, and of course the doctors and the nurses who tell them the result of what we're doing, we are kind of the ones that take the brunt of everything and all of the aggression," Politis added.

Hospitals now are taking extra steps like panic buttons to help workers feel safer on the job. When someone presses their panic button, it notifies every staff member where the incident is occurring, Higgins said.

"They page it overhead, so everyone knows what's happening so we can all work together and keep our staff member safe," Higgins said.

"We now have a guard dog at each hospital. That helps with de-escalating patients," Higgins added. "We take de-escalation classes every year. That sort of helps us with the verbal and if we do have to take a patient down, how we do it as a team."

Hospitals can contribute by creating a safer environment for their employees, Lipscomb said. They can install glass or plexiglass partitions that provide protection from patients, and choose waiting room furniture that can't easily be used as a weapon.

Creating a safer work environment

"It's much easier to take care of the environment as opposed to changing patient and worker behavior, so that's the place to start," Lipscomb said.

The U.S. Occupational Safety and Health Administration has been working on standards for [workplace violence](#), but their progress has lagged for years, Lipscomb said. Legislation that would require them to move quickly has passed the U.S. House of Representatives, but hasn't

been introduced in the Senate.

In the meantime, nurses like Politis and Higgins will be left wondering why they should remain at a job that places them at risk.

Higgins went into emergency nursing with dreams of helping people survive terrible trauma.

"You don't think about, am I going to get assaulted verbally today? Am I going to get assaulted physically? Do I have enough staff? What if I do push my button? Are there people who are going to be able to make it to me in time?" Higgins said.

"I anticipated some of it, especially with psychiatric patients, because a lot of the time they are under the influence," Higgins added. "But seeing what I've seen, I would have never expected to go to work and think, man, am I go home to my family tonight? That's been a real eye-opener for me, the last four years."

It's particularly heartbreaking for Politis, who hasn't been able to work in the ER since she was assaulted.

"Putting blue scrubs back on for the first time after the attack, I went through a wave of emotions I never thought I would go through—just putting on my work clothes I used to do without any issue," Politis said. "I haven't been back to the emergency room. Every time I think about it, I get anxious, I get fearful."

"That hurts because I always thought I was an emergency room [nurse] through and through," Politis continued. "I love the emergency room. There's nothing like it. It's my flow, but unfortunately I don't think that I might be able to ever go back, just because of what happened."

More information: Ha Do Byon et al, Nurses' Experience With Type II Workplace Violence and Underreporting During the COVID-19 Pandemic, *Workplace Health & Safety* (2021). [DOI: 10.1177/21650799211031233](https://doi.org/10.1177/21650799211031233)

You can find more about health care workplace violence at the [Occupational Health and Safety Administration](#), the [U.S. Bureau of Labor Statistics](#) and the [American Hospital Association](#).

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