

SAVE A NURSE: Standing Up Against Violence



PODCAST 17

00:15

Dr. Jane Caldwell

Welcome to *On Medical Grounds*. Our guest for this episode is Mr. Todd Haines. Mr. Haines is here to talk with us about his experiences with violence in the workplace, especially in regard to health care workers such as emergency nurses and emergency department employees. Todd Haines is director of trauma services in a Level 3 trauma center and a longtime leader with the Tennessee Emergency Nurses Association.

Hello Mr. Haines and welcome to *On Medical Grounds*.

Todd Haines

Thank you. Happy to be here.

00:53

Dr. Jane Caldwell

Before becoming a nurse, you worked in law enforcement. At a recent rally in Washington DC held to raise awareness of the threats and physical assaults encountered by emergency nurses and doctors, you said, and I quote: "I have been verbally and physically assaulted more times in my 12-year career as a nurse than in my 10 years in law enforcement." Please tell me more.

Todd Haines

Well, that statement surprises a lot of people. Most don't understand what nurses and staff go through, especially in the emergency department. With the Sheriff's Department, I knew people would be mad at me for things that they did and would take out all their aggressions on me by threatening me or my family trying to get a reaction from me. Occasionally one would just go ahead and try to swing because believe it or not, most people don't want to be arrested and go to jail.

At that time I was focused on just them, so it was a whole lot easier to plan for and take steps to stay ahead of the situation. Plus, times were a lot different back then.

But as a nurse or as a provider in the emergency department, you're focused on so many different things, and you're not focused on one-on-one with the patient you're focused on, so a lot of things.

Assaults happen, it was just a way of an opportunity, so to speak.

Also in the emergency department you have to understand the types of people that we're dealing with and encountering. Our emergency departments are experiencing a high volume of patients, and we're also

not only dealing with the patients we're dealing with the patients, families, and their emotions. And those emotions get high when you're dealing with families with sick, sick patients.

We also deal with people that are very drunk, strung out on drugs, or have acute mental health issues. And then again our society is much different, and well today you have people that are just mean. They don't care about themselves, and they certainly don't care about you. And if they don't get what they want, then they're going to try and take their anger and aggressions out on staff.

The Sheriff's Department, back in the early 1990s, our society and our world was a whole lot different than it is today.

03:10

Dr. Jane Caldwell

Wow, you make a lot of good points. According to a survey from National Nurses United, around 31% of hospital nurses believe they have witnessed a notable increase in workplace violence during the COVID pandemic. Is this your experience as well?

Todd Haines

Oh yes, ma'am, and that's definitely been my experience since the pandemic for numerous reasons.

Dr. Jane Caldwell

Do you feel that the restrictions on emergency department visitors and their family members during COVID played a role in increasing frustration and violence?

Todd Haines

Oh, definitely. I do think it played a big role in increasing the frustration. Certainly in the emergency departments, because emergency departments are the front door to the hospital. Also in the hospital as a whole because you couldn't allow loved ones to go up and be with their family members, even their spouses, knowing that these patients were going to soon be taking their last breath. It was heart wrenching for us and then add on to that, the frustration and anger from people because depending on where they got their information from, COVID, especially the Delta variant, was political or fake. And as nurses in some areas, we were being blamed for furthering an agenda or the propaganda. Thankfully, that went away after a while and people realized we didn't make it up and it wasn't our fault. So it was just a really bad situation all the way around, but the anger and aggression in the ER has been building for a while.

05:10

Dr. Jane Caldwell

So prior to the pandemic, do you think the violence was escalating?

Todd Haines

I do, I do feel like the violence in the emergency department had started increasing. I've been a nurse since 2010 and there has been a steady increase in the violence in our EDs. It was such an issue that most of my master's degree work was around violence in the ER and the solutions that surrounded it. This was in 2015 through 2017. When I graduated, there was so much information about the issue, and that was two or three years before COVID ever happened.

05:16

Dr. Jane Caldwell

In your opinion, are more people leaving health care because of the violence?

Todd Haines

I think violence plays a large role, although I don't think it's—I do think it's a combination of violence, burnout from the demands of the job, because we're always being asked to do more. You know nurses are always asked to do more, and especially in the emergency department, because we're so busy most of the times that we don't have time to argue when we're asked to do more.

We're just like OK, and we make it happen as a team, I think pay has a little bit to do with it. For some people with COVID, the people that have been steadily at the bedside and working through the COVID pandemic, it's frustration when you can make the same amount of money or a little bit more doing something completely different with less responsibilities.

06:10

Dr. Jane Caldwell

So how about understaffing? Would this create a vicious circle with longer waits, more patient frustration and more attacks?

Todd Haines

I think so. I think starting with the COVID times we began became understaffed because our nurses were getting sick in the ER, people were leaving and taking travel assignments for much more money and there wasn't a pool of nurses looking for jobs. Especially ER nurses to come and work during COVID times, because they were very uncertain times for us, and I think the acuity and the sickness of the patients that we were seeing and still continue to see in the ER's sometimes being short staffed. Sometimes we just have more volume of patients than we have rooms and it does create a lot of problems and a lot of tensions and a lot of issues because patients don't understand that the emergency department is not a first come first serve environment, and that it's our clinical judgement that the patient having a heart attack that we're having to do CPR on has a higher priority than your sprained ankle or your medication refill. And it creates a lot of issues, especially in the waiting room and a lot of tensions because people that are there for low acuity things that could have been handled by their primary care provider or by an urgent care, you know now are having long waits and then by the time they do get back to the room, they're very angry because they've had to wait so long and see people coming in that are quite frankly much sicker than they are. And you tell them that they're not going to get their pain medications or you take an X ray of their ankle and it's not fractured, it's just sprained, here's some Tylenol and then they've been waiting in the waiting room three or four times longer than it took for the physician to diagnose them and come up with their treatment plan. People do get very busy, very frustrated and very angry.

08:13

Dr. Jane Caldwell

So what I'm hearing from you is maybe more patients should rely on urgent care rather than the emergency department.

Todd Haines

Yes, ma'am, but if you think about our times in the emergency department, we can't turn people away. And if somebody presents to the emergency department, we have to treat them. We don't ever close our doors. We're open 24/7 and we're not worried about them. Anywhere if you go to an urgent care or primary care provider, you're going to have to pay a copay or pay for your visit up front before they ever see you. So the emergency departments across our country have become very much of a PCP or primary care provider for certain folks.

Dr. Jane Caldwell

I see, those are important distinctions.

Todd Haines

And that creates a much more volume problem yes, ma'am it is.

Dr. Jane Caldwell

I see.

Todd Haines

And we can't turn them away saying you know, no, you this is not life threatening, this is not an emergency.

09:09

Dr. Jane Caldwell

So, well, Todd, you're not a small person. I, you know, I would describe you as an imposing man. Do you think that size matters when it comes to patients intimidating health care workers?

Todd Haines

I think so. With a few patients and with some of those patients I can tell they'll look at me and go: you know what? yep, you're right—and they'll just move along. But then you go back to patients with mental health issues or patients that are on liquid courage, you know alcohol or drugs, or people that are coming down from drugs that are not getting what they want and so I don't think size matters.

Used to be in the emergency department that frequent flyers were always or people that were always causing troubles, cussing wanting to fight, so as a male you would always get assigned those patients. Nowadays it doesn't matter 'cause you can't tell with some people what type of person they are. Are they going to be the ones that snap on you today or they're going to be the ones that if they don't get what they want, they're going to want to whoop you and no matter what your size is?

Dr. Jane Caldwell

So are female workers more at risk than male workers because of their size?

Todd Haines

I think female workers, or even just smaller workers, in general, males included, especially in nursing and physicians in the emergency department or healthcare in general, are probably more risk because, like I said earlier, you know there's a few people that my size will make just kind of a "Yep, OK," and that's all it is. But not everybody is that way, and that's not the majority of people. So I think size may play a part in how

angry or how quick to anger they are, but I don't think any more in today's world that size is that much of a factor as far as people in today's society.

Dr. Jane Caldwell

How about workers of color? Are they more likely to suffer abuse?

Todd Haines

I think workers of color you know they get lumped in with the rest of us. We're all nurses. So no, I don't think that it's more dependent on the color of their skin. I think it's more the type of patient and sometimes the size of the person.

11:16

Dr. Jane Caldwell

Now this year, during my annual screening appointments, I've seen signage posted in the lobbies that outline policies toward patients who harass or threaten the workers. Do you think these posted policies help?

Todd Haines

Oh yes, ma'am. I believe that wholeheartedly. I think that if a person comes into the lobby of a hospital or an ER, and they see a sign that says this type of behavior, angered behavior, will not be tolerated here and you will be prosecuted, reported to the police, I think they do help.

I think, I do believe that they make a difference. They make a big difference because they set the expectation upfront. I also think that these signs should be posted throughout the hospital so that that message is not ever forgotten.

12:08

Dr. Jane Caldwell

The Workplace Violence Prevention for Healthcare and Social Services Workers Act, this was introduced to Congress by Representative Joe Courtney and Senator Tammy Baldwin. This bill takes critical steps to address emergency department violence. It would require the Federal Occupational Safety and Health Administration to issue an enforceable standard that would make sure hospitals and other health care facilities implement violence prevention, tracking and response systems. Could you please tell me more about this bill and why you support it?

Todd Haines

Oh, I would love to. This bill is Senate Bill #4182 and it's important because there's no national standard for workplace violence in a hospital. One of the things this legislation will do is develop processes to identify and respond to the hazards that make emergency departments vulnerable. Sometimes design and layout make it easier for assaults or violence to happen. And sometimes, you know to get a nurse or a doctor around a corner or around a blind spot in a ER, they get lost out of sight and this legislation would help, troubleshoot those issues. This legislation will also implement protocols to document and investigate the violence. Right now, part of the problem is nobody really wants to report the violence because we know nothing is going to be done. We have people in our legal system that tell us it's part of your job. They're not going to prosecute. No, it's not part of my job to get beat up or threatened. My job is to help save lives and provide care for people.

Another part of this bill is that it will create an environment that supports the staff to report incidents of violence and puts policies in place so that retaliation can happen. I think this bill will create an environment to where hospitals can further support its workers so that we can feel safe in reporting this. These incidents and the fourth thing this legislation is going to do, it's going to help provide more training, more training that helps to identify and address the problems in the workplace, like I spoke of earlier, but it's also going to help us fix them. This legislation in this section is going to help us get the training for staff to go through de-escalation techniques and crisis management so that we can be better equipped to deal with the violent person.

Dr. Jane Caldwell

Where is this bill now?

Todd Haines

The bill was introduced in the Senate on May 11th and has been referred to the Committee on Health, Education, Labor and Pensions. I can't find the date when this committee will meet or an agenda for the committee. It does have 26 co-sponsors, both Democrats and Independents. However, no Republicans have signed on as co-sponsors as of yet.

Dr. Jane Caldwell

As voters, how can we support the bill?

Todd Haines

That's a good question. The best way that a voter can support this bill and support their health care staff, especially in their community hospitals, is to call their senators and their senator's offices. Tell them, "Please support Senate Bill 4182", because I'll tell you right now, when you come into the emergency department, or come into the hospital, we don't care whether you're Democrat, Republican, independent, what color you are, or what color you relate to, red, blue, purple, whatever. We're going to take the best care of you that we can and we're tired of getting assaulted, threatened in the processes of doing our job. We want to be able to do our jobs as safely and as stress free as we can.

15:50

Dr. Jane Caldwell

As a potential patient, what can I do personally to make the workplace a safer and saner place for emergency doctors and nurses?

Todd Haines

That's another good question. You can come, I would say, first off, realize that we have your best interest in heart and we got into healthcare, especially in the emergency department to help people just understand that while it may be an emergency for you, what we see as highly trained emergency department staff, it may not be an emergency for us, but the baby that we're having to do CPR on. We may not be able to stop and get you a warm blanket. And yes, I have been told that I see you're really busy in there with that baby. I'm not really sure what's going on, but how come I can't get a warm blanket. That that's very frustrating to nurses and we were doing CPR on a patient that was six months old, and you know, that's not necessarily a rarity, but understand that we're doing the best that we can, and that it's not a first-come, first-serve environment.

16:56

Dr. Jane Caldwell

I understand in the past you were often called upon to manage aggressive or agitated patients. How do you approach these patients and what seems to work the best?

Todd Haines

Back in the day, I was the biggest one around, so yeah, I got called in to handle the biggest patients or the worst patients or the most agitated patients and a lot of times. If you're calm and you're a neutral party that comes in, you can just listen to him, let him vent, and most of the time they'll calm down. But sometimes here lately, and more recently you know, no matter what size you are or how calm you are, or how well you maintain your emotions and your attitude, the situation is just going to escalate.

17:41

Dr. Jane Caldwell

Unfortunately, four people were killed in a shooting at a Tulsa, OK medical complex this week. This included the doctor who had performed back surgery on the shooter earlier this month. Would you care to comment on this?

Todd Haines

I would love to. That just goes to the breakdown in our society. Because this patient, from what I understand in the medical world, is that this patient had been consistently calling the physician's office wanting more pain medicine and was not able to get it. And so he got to the point to where he blamed the physicians and the people around it for him being in pain and not being able to get additional pain medicine which he was prescribed. Pain medicine and not knowing where it went, whether it was sold or whether he just took it all at once or whatever, then he decided to take matters into his own hands.

Dr. Jane Caldwell

Before we close today, what were you hoping that I would ask you?

Todd Haines

I was hoping you would ask me who does my hair.

Dr. Jane Caldwell

For our listeners, Todd has a shiny pate. I would like it if you could please again repeat the number of that bill that is currently in Congress.

Todd Haines

The Senate Bill 4182.

Dr. Jane Caldwell

OK, and the committee it is going to be forwarded to....

Todd Haines

It is going to be forwarded to, it has been referred to the Committee on Health, Education, Labor, and Pensions. And if folks could just call their Senate office and have them support this bill, or even sign on as a co-sponsor, it passed the House bipartisan and by a large margin. And the Senate you know is next.

Dr. Jane Caldwell

OK, that's good to know, Todd. We appreciate your efforts to advocate for emergency nurses and doctors and to increase our awareness of this issue. Thank you so much for taking time from your busy schedule to speak with us.

Todd Haines

Thank you, it was a pleasure. It was really kind of fun.

Dr. Jane Caldwell

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