



# Workplace violence: A nurse tells her story



It's not okay, and it is a big deal.

“**PERSONAL BOUNDARY VIOLATION** is not part of our job description. That statement is powerful because boundary setting is a part of our job. I believe that if we fail to establish and maintain personal boundaries, then we've compromised the safe and therapeutic environment in which we're able to truly care and advocate for our patients. We have an obligation to stand up against that which is unsafe, and I believe that ending nurse abuse is critical.”

That's how my conversation began with Karen\*, an emergency department (ED) nurse who recently experienced on-the-job violence. I promised her that her story is not over. Nor is the story of thousands of nurses who have been harmed by patients while at work. The importance of the American Nurses Association (ANA) [#EndNurseAbuse](#) movement became very real for me the day I spoke with Karen.

## Out of the blue

Karen's mother and I are both nurse executives who frequently talk about the changing healthcare environment—some changes for the good and some disheartening, like the increasing trend toward violence in the healthcare workplace. Karen had always admired her mother's nursing career, and she couldn't wait to become a nurse herself.

Karen worked as a nurse extern for 4 years, volunteering in the ED and in other settings to get real-world experience before becoming an RN. She's the type of nurse I try to hire as frequently as I can because she's enthusiastic about the profession, worked hard to become a nurse, and strives to be the best she can be. But this shining star in the nursing universe has lost some of the glow after her experience.

Out of the blue, a patient hit her hard in the jaw while she was trying to perform an electrocardiogram. The violence was so unexpected that she immediately left the bedside in disbelief. Karen says she was “overwhelmed by my feelings of being hurt.”

Karen says “it's the aftermath” that's so important. Being angry with the patient at first is easy, but Karen says, “I can't stress enough how much this event hurt my feelings, and I'm still not fully over it months later.” The physical injury may have healed, but the emotional injury still stings.

Our role as nurses is to establish a trusting relationship with patients, and when that relationship is compromised after an assault, we may be left with a lasting fear for our personal safety. When you walk into a patient's room, you enter with a sense of confidence. But this type of event jars that confidence. Getting back to the level of how it felt pre-assault takes a long time and may require long-term support systems that healthcare facilities may not yet have in place.

## Time's up

In addition to ANA's call to action (read the *American Nurse Today* article at [americannursetoday.com/?p=37255](http://americannursetoday.com/?p=37255)), The Joint Commission issued a Sentinel Event Alert to bring more awareness to the seriousness of the issue and outline seven actions every healthcare setting must implement to create safer workplaces. (Read the alert at [bit.ly/2HFHGXI](http://bit.ly/2HFHGXI).)

According to the Occupational Safety and Health Administration, 75% of nearly 25,000 workplace assaults reported annually occur in healthcare and social service settings. But we know that number is grossly underreported because only about 30% of nurses report violent incidents. ANA President Pam Cipriano, PhD, RN, NEA-BC, FAAN, states the urgency best: “Abuse is not part of anyone's job and has no place in healthcare settings. Time's up for employers who don't take swift and meaningful action to make the workplace safe for nurses.”

I agree. And Karen agrees. We add the following: It's not okay, and it is a really big deal.

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