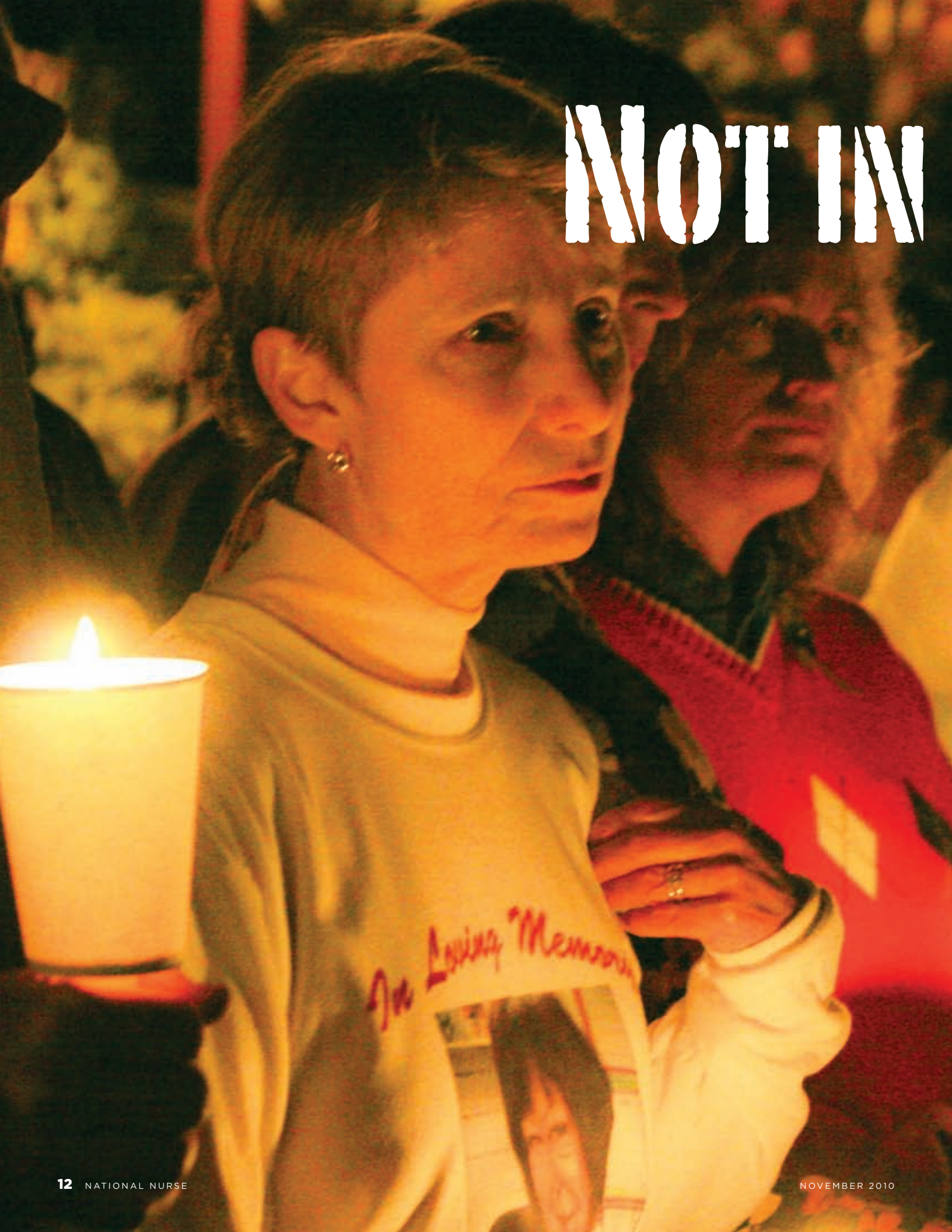


NOT IN



A DAY'S WORK



Workplace violence for registered nurses is rising steeply, and RNs are rightly refusing to accept it as part of the job. How they're fighting back.

A STAFF REPORT

PHOTO BY JACLYN HIGGS

AS ANY REGISTERED NURSE CAN TELL YOU, VIOLENCE AT WORK CAN TAKE MANY DIFFERENT, UNEXPECTED FORMS.

It can be the belligerent, drunken 20-something who needs stitches in the ER, or the disoriented, elderly lady in post-op who scratches and tries to bite you every time you change her dressing. Maybe it's not physical, but a verbal threat to hurt you after work. Sometimes it's not even the patient, but the patient's family members who abuse the medical staff.

But workplace violence in medical settings does have one thing in common: it's prevalent, and rising quickly. The Joint Commission, the federal body that accredits hospitals, in June warned that since 2004, the database it keeps of sentinel events on hospital grounds had significant increases in reports of assault, rape, and homicide, with the greatest number of reports from 2007 to 2009. The healthcare industry has the highest rates of workplace violence among all sectors, constituting 45 percent of the two million incidents that occurred annually in the United States between 1993 and 1999, according to the U.S. Bureau of Labor Statistics. And a survey released in July 2009 by the Emergency Nurses Association reported that more than half of all emergency room nurses had been physically assaulted at work, which includes being spit upon, hit, kicked, pushed or shoved, and scratched.

Anecdotally, RNs are reporting that conditions have worsened in the past five years because patients are more prone to lose control. Due to the Great Recession and massive layoffs which have resulted in even more patients losing health insurance coverage and mental healthcare, people are stressed out, desperate, and more agitated when they enter the hospital or seek help from the emergency room.

Several severe attacks on medical providers have captured headlines recently. In late October, a patient inmate at a jail in Martinez, Calif. faked a seizure and smashed a lamp into the head of responding RN Cynthia Barraca Palomata, killing her. In June, Joan Meissler, an emergency room RN at Temple University Hospital in Philadelphia, was badly beaten by patients. A psychiatric technician at Napa State Hospital in California was strangled by a patient in October. And in September, the son of a patient shot a Johns Hopkins Hospital doctor before turning the gun on his mother and himself.

"It's all part of inadequate healthcare for people and especially the lack of mental health," said Patricia Eakin grimly. Eakin is an

emergency room registered nurse who works with Meissler at Temple University Hospital and is president of the Pennsylvania Association of Staff Nurses and Allied Professionals. "People don't have a family doctor or social safety net, so they come to the ER, and the wait times are huge."

In response to workplace violence, many National Nurses United affiliate groups are working to help prevent the incidents from happening in the first place through better staffing, and to ensure that incidents that do happen are prosecuted or handled seriously. Some RNs who are currently bargaining contracts are seeking to include model workplace violence language into their agreements. Another route for groups is to pursue legislation in their respective states.

Following Palomata's death, the California Nurses Association worked with California Assemblymember Mary Hayashi to introduce a bill, AB 30, that would assure RNs have adequate staffing and safety measures at work. Staffing, say RNs, is critical to minimizing violence because not only is the physical presence of more nurses a deterrent to someone who might cause trouble, but more nurses also ensures that patients and their families receive quality care and attention, keeping frustration levels down.

In Massachusetts, the law already treats any assault on an emergency medical technician while the technician is providing care as a separate crime with its own set of penalties. The Massachusetts Nurses Association in spring helped pass a law that extends those same protections to nurses. MNA is also still working on additional pieces of workplace violence legislation.

Pennsylvania RNs are also considering introducing legislation. Meanwhile, they are tackling the problem through education. Eakin said that RNs at Temple have been complaining to manage-

ment for years about inadequate security and problem patients, but that the hospital never took their concerns seriously. For example, after one impatient man repeatedly confronted an ER triage nurse about getting examined and then threatened to "blow [her] f***** head off with a shot gun" when she got off work, the security guards simply told the man that he "shouldn't be rude to the nurses."

Eakin ultimately filed a class action grievance against Temple around the time Meissler was attacked. Once she started doing research into workplace violence for nurses, she learned it was a major issue for RNs all over the state.

So on Nov. 10, PASNAP decided to hold its first statewide workplace violence conference for unionized as well as nonunion RNs, an event so well attended there was standing room only. The Massachusetts Nurses Association presented its continuing education course on workplace violence, the RNs shared stories, and district

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attorneys from two major counties spoke about prosecution of violence against nurses. Though many attendees knew violence at work was a serious problem, even they were surprised to learn the vast extent of the violence: bites, punches, kicks, knives being thrown, guns being pulled, faked seizures, out-of-control patients, pulled hair, insufficient security. Everyone had a similar story.

Eakin said that some of the main lessons nurses took away from the conference was that, first, being attacked at work is not part of the RN job description. No other profession would tolerate such behavior at work. It's management's responsibility to ensure that violent acts do not happen or to respond quickly and appropriately if they do.

Second, nurses who are assaulted need to understand that they are victims of a crime. Before the conference, many nurses and healthcare professionals were led to believe that being attacked at

work was "just part of the job" or that "the patient didn't know any better." There was a general misbelief that as caregivers, they had no right to stand up for their own safety.

PASNAP is forming a workplace violence task force that will work toward crafting legislation and educating RNs on the topic. Meanwhile, Eakin reports that Temple University Hospital has not only changed security companies for the emergency department, but beefed up the number of guards from three to five.

"Nobody should ever accept violence and assaults at the workplace," said Eakin. "It doesn't matter whether the patient is on drugs, psychotic, or out of control. Management should have methods and a plan in place. Let's prevent violence in the first place." ■

Emily Randle contributed to this report.



Cynthia Barraca Palomata, RN died Oct. 28 from injuries she sustained when an inmate at the California jail where she worked allegedly faked a seizure and hit her on the head with a lamp when she tried to help him. Palomata was 55.

Born Nov. 28 in Nabas, Aklan in the Philippines, Palomata immigrated to the United States in 1983 after nursing school and worked at a variety of Bay Area hospitals, including San Francisco General Hospital and Children's Hospital of Oakland, for more than 20 years before she started at the Martinez Detention Facility in 2005.

Her relatives and coworker friends remember Palomata as a caring, humble, gentle person who

understood that the important things in life were love of family and to be content with what you had.

"She was a very sweet, loving, happy person," said her younger sister, Cecille Schutzmann-Barraca. "For me, I will miss her companionship, especially when she spends time with just me and our mom – just us three girls talking and laughing."

Greg Montes, an RN who often worked alongside Palomata on their busy 3 p.m. to 11:30 p.m. shifts, described her as an excellent, empathetic nurse whom her coworkers greatly admired. He remembers she was always willing to lend an extra hand if she had the time, and that she had a quiet strength about her.

"I looked up to her," said Montes. "Cynthia was very calm. You know, people come upset into the jail. But Cynthia will not react to it or let it affect her doing her job. She was able to deflect their anger and understand that they were angry not at her, but their situation. Usually by the time she was done with their medical screening, they'd be a lot calmer because they knew she wasn't trying to do anything to them but help them."

A registered nurse through and through, Palomata believed that her patients deserved quality healthcare just like anyone else, and never hesitated to advocate for them in her reserved, behind-the-scenes manner. In turn, the inmates deeply respected her. Montes said that many inmates always took the time to greet "Nurse Cynthia" and her sister said that Palomata had mentioned that she was some of the inmates' favorite nurse. Palomata was so well liked by her patients that Montes said, after her death, the inmates in one wing of the jail presented the nursing staff with a pencil drawing one of them had done in her honor. The sketch depicted the river and tree of life and they had all signed it.

Palomata would have appreciated the artwork. Besides nursing, she also liked to draw, mostly flowers and nature scenes. She also played the piano and the guitar, and gardened, sometimes bringing her orchids into work. She enjoyed going out, shopping, spending time with her family, and practicing her faith, which her family said sustained her during hard times.

Palomata is survived by her husband, Gedelfo; her adult son, Earl; her mother, Perla Barraca; her siblings; and other family members. A trust account has been set up for Palomata's family in her name: Cynthia B. Palomata Trust Fund, Redwood Credit Union, San Rafael Branch, Routing #321177586, Account #356859. —Lucia Hwang