

CAN MASSACHUSETTS BE THE 34TH STATE?

Why Massachusetts Must Pass Legislation Making Assault on Healthcare Workers a Felony

With Lobby Day approaching, as President and co-founder of Stop Healthcare Violence I was invited to describe why I filed what became House Bill #1164; legislation that would increase penalties for assault on healthcare workers from a misdemeanor to a felony.¹

Initially, I thought – *gosh, it's a no-brainer.*

Assaults on healthcare workers has become a crisis of epidemic proportions – and one that is figuratively and literally screaming for more rigorous anti-assault laws.

And it is not simply a handful of individuals believing this to be true; **33 states** have recognized the need for tougher laws, and have passed felony legislation.²

However, it then occurred to me that some may not see the issue as so crystal clear. So please allow me to explain the critical need for this felony legislation.

THE CRISIS ITSELF

Assaults ARE occurring: Make no mistake: assaults are occurring, and are doing so with increasing frequency and with mounting violence.

THE RESULTING IMPACT

On the victim: The most obvious impact is on the victim. However, affects are not limited to the healthcare worker. Waves can also rock **the victim's friends and family**, and **even those witnessing the assault.**

¹ <http://stophealthcareviolence.org/news-and-updates/>

² <http://www.scientificamerican.com/article/epidemic-of-violence-against-health-care-workers-plagues-hospitals/>

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On the employer: There are unforeseen yet unavoidable consequences for the victim's employer:

1. **staff downtime and effect on colleagues and the public** – injured employees who are unable to return to work immediately or full-time have an impact.
2. **financial repercussions:**
 - a. **direct costs:** According to The Online Journal of Nursing: "A major direct cost that results from acts of workplace violence is subsequent litigation from the party or parties involved."³
 - b. **indirect costs:** Again, citing The Online Journal of Nursing, "it is very important to also calculate lost work days that result from a violent event. The impact of lost wages on healthcare and nursing units may be seen indirectly in higher than average turnover; increased requests for medical leaves; unusually high time and attendance issues; and stress related illnesses."
 - c. **The community at large:** Employer costs can, inevitably, be passed on to the consumer.

THE PROBABILITY OF VICTIM REPORTING

Reporting is critical!⁴

Consider:

- Under-reporting is a chronic challenge, and can be a factor in exacerbating this epidemic.
- Doing nothing enables the misconception that "it's just part of the job" or simply "ok".
- Reporting increases awareness of this issue.
- Cultivating awareness encourages modification in our beliefs, practices, policies and legislation.

³ <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-18-2013/No1-Jan-2013/Workplace-Violence-Strategies-for-Advocacy.html#Financial>

⁴ <http://www.massnurses.org/health-and-safety/current-topics/workplace-violence/10-actions>

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- When nothing is done – no reporting, follow up, charges filed or investigation – there is no change and the danger will continue to exacerbate.
- **PREVENTION.** While there's no way to change what happened to you, by reporting the attack you can help stop it from happening to someone else.
- Reporting may serve as a deterrent if prosecution becomes a routine consequence of violent behavior.

Violent acts should be consistently documented as part of the Public Record, no matter where they occur.

As Utah ENA Government Affairs Chair Teresa Brunt, RN, who lobbied for Utah's March 2016 passing of felony legislation, says:

Underreporting is a huge problem and emergency department nurses need to understand that assault is not part of their job and definitely not in their scope of practice.⁵

STRONG LAWS = MORE HEALTHWORKER PROTECTION

It's a simple tenet: more stringent penalties mean more healthworker protection.

⁵ <https://www.ena.org/about/media/PressReleases/Pages/Emergency-Nurses-Association-Praises-Utah-for-Increased-Workplace-Protection.aspx>

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MY PERSONAL STORY:

After working as an ER nurse for 17 years, I was assaulted and needed to leave the emergency room where I had spent almost two decades.

I have witnessed coworkers being picked up and thrown up against the wall; punched violently in the face and falling backwards into cabinets causing back and shoulder injuries; one nurse being out of work five months, and upon returning, she declined ER work and went back to the intensive care unit. Eventually the assault post-trauma made her leave the hospital setting altogether.

This is just a brief description of what I observed, yet I could write about many other injuries caused by patients or their family or friends.

Despite the trauma and lack of support, most of us complete incident reports, contact police and file police reports, go before the court magistrate and then to court. This process takes about a year.

The outcome for the perpetrator ... probation for perhaps one to two years.

A slap on the hand.

A judge once stated, "I don't think he came into your hospital thinking he was going to hurt you...you were just there."

Perhaps. Yet patients have destroyed healthcare lives by their verbal, physical, emotional abuse. And they are then allowed to walk; to return to their lives save an appointment with a probation officer. Meanwhile, the nurse undergoes surgery, physical therapy, applies for worker's compensation, and tries to heal; only to discover they suffer PTSD and no longer can perform the job they love.

The current misdemeanor laws send a message that the healthcare provider is unimportant; that assault is an acceptable aspect of the job.

Thirty-three other states have a felony for their state law.

There is a reason for that.