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3-15-2023

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Personal perspective: Violence against Healthcare Workers in US EDs

Peter W. Sweetser and James P. Phillips, MD

03/15/2023

Several years ago, while working as an ED technician, I was kned in the face by an intoxicated patient for whom I was caring. Like many other intoxicated patients in the ED, this patient became increasingly aggressive and required restraint for the safety of all around. My initial response to being subjected to physical violence was to assume, “it’s just part of the job.” However, on reflection, I realize I should not have accepted that being assaulted at work is justifiable. Unfortunately, violence against healthcare workers is a growing problem and should be unacceptable to everyone.

Violence in US EDs and other healthcare facilities comes in many forms. Perpetrators can be verbally violent: using threatening, insulting, or harassing language. Or, they can engage in physical violence through assault, battery, and physical intimidation with a weapon. My friends and colleagues working in the ED have been verbally assaulted, threatened, bitten, and physically attacked by patients. One colleague even had his wrist broken. Incidents of [physicians](#), [nurses](#), technicians, and ancillary staff being seriously injured or even killed by patients have been reported in US EDs.

Threats of violence may contribute to the healthcare shortage we are facing in this country, possibly explaining the [555 initially unmatched EM residency slots](#) this year. A [report by the Emergency Medicine Residents’ Association](#) (EMRA) indicates that emergency medicine residency applications have decreased by 20% since 2020. While this drop is undoubtedly multifactorial, it may be a warning sign that threats of violence are diminishing the appeal of

emergency medicine. Fewer nurses, physicians, advanced practice providers, and ancillary medical staff will [negatively impact healthcare delivery and health outcomes](#). Prioritizing the ability of doctors and nurses to work in a safe environment should be a priority, lest we deter people from entering emergency medicine.

Over the past year, violence against healthcare workers has occurred in [Tulsa, OK](#), [Los Angeles, CA](#), [Rutland, VT](#), and [Irving, TX](#). A [report from the American College of Emergency Physicians](#) (ACEP) in September 2022 showed that “eight in ten ED physicians believe the rate of violence in EDs has increased” and that this violence has negatively impacted patient care, decreased physician productivity, and increased physician anxiety. ACEP has focused on this topic as a legislative priority and is working with congressional leaders on legislation to expand ED workplace protection and implement reporting systems to better quantify and qualify this problem.

Fortunately, I was not seriously harmed in my case, and I resumed work to finish my shift and continued with my medical career. Years later, I am now a medical student and aspiring emergency medicine physician, yet my experience with violence in healthcare gives me pause. Shockingly, working in healthcare is now the [most violent non-law enforcement profession](#) in the US.

I love working in healthcare, and I am grateful to be learning how to care for patients and families. However, the risks of violence in the ED have affected my approach to physician-patient interactions. In addition to focusing on bedside manner and conveying empathy for the patient, I check that I have a direct route from patients’ rooms in case I need to exit quickly. I remain mindful of the patient’s mental state, noting aggressive language, posturing, or

emotional escalation. I hope with more training, I will find a greater sense of security. At this point, medical school has not fully prepared me to navigate these risks.

Reducing violence against healthcare workers may improve the patient care experience and reduce burnout for doctors and nurses. Quelling violence against healthcare workers requires a concerted effort across multi-disciplinary health professionals to prevent attacks by implementing evidence-based protocols. Medical education across disciplines should include discussions about the reality of violence against doctors and nurses in any clinical environment. In addition, legislation such as recently proposed federal legislation ([H.R. 1195](#), [S.4182](#), [H.R. 7961](#)) should be passed to provide greater protection for staff. I am hopeful that this situation will improve for the next generation of ED physicians like me.

The authors have no conflicts to report.