I would like to submit two separate incidences of workplace violence where I needed to be on light-duty for over a year during the attempted recovery, surgical repair and the rehabilitation.

The first incidence was when I was receiving a patient in transfer from outlying emergency department. The medics delivered the patient to the bed and proceeded to leave, stating the patient had been compliant for them. Pt became immediately agitated (patient was inebriated) and upper extremities quickly restrained as the restraints had been left on him. As patient continued his agitation and verbal abuse I was able to restrain one lower extremity but during the tying of the last restraint patient pulled back his leg and kicked at my head, by jerking my head back quickly it barely touched my chin, but with the velocity my neck was hyperextended causing herniation at C-5 & C-6. I was on light duty for over 6 months prior to obtaining an attorney to expedite my workers compensation claim to pay for my surgery, with additional 6 months to return to full function. My neck continues to cause me discomfort on a daily basis.

The second incidence was when releasing an intubated patients hands from restraints during a neuro exam and with the patient awake and able to follow commands, he grabbed my right hand and proceeded to bend the hand backward to near touching the forearm. Needless to say, after months of physical therapy that was unsuccessful, and obtaining an attorney my surgery was scheduled for a torn ligament. Post operatively I was splinted for another six months and intensive rehab therapy continued for an additional three months prior to my release to full duty. But even with release I was well aware that performing CPR would undoubtedly destroy the ligament repair.

Those were the serious incidents, where I received my first surgical scars of my life. Needless to say there have been countless incidents where I was fast enough to avoid injury or significant injury. Violent patients have become more the norm than sweet little compliant and agreeable patients. Whether due to drugs, alcohol, mental health or age related confusion, no nurse deserves to spend years of their lives in pain, missing out on family time and attempting to participate with their children's activities with a smile while they are miserable with pain. Both of these incidents could have potentially should have been career ending. Since I still feel the injuries lasting effects to this day and it was over ten years ago. The knowledge that these individuals were not held responsible for the loss years of my life is heart wrenching.

While a third incident caused no physically injury, it has caused me to suffer through significant PTSD. A patient presented for a procedure and changed into a gown. When I went to prep him for procedure he was asked to remove his any metal and jewelry from his person. Unexpectedly he pulled a switch blade from his buttocks and started moving it back and forth in front of me to "show me it". He started to become agitated and I was already exiting the room. Needless to say, I remain nervous when patients have not already been gowned and cleared of any weapons.

As we contemplate the nursing shortage that is nationwide we need to factor in the fact that when we signed up to "care" for people we had no intention or forethought that our career could lead to an injury unless we used poor body mechanics. So many patients today have horrible entitled attitudes that quickly evolve to violence when not placated. When nurses are treated poorly not only by the patients but also by administration and the workers compensation industry they are easily swayed from performing care at the bedside. By taking the time to hold these violent offenders responsible it will set a precedent not only to the perpetrators but also to the staff that will hold the knowledge that they will be taken care of, both physically and emotionally.

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