

They Shouldn't Get to Hurt You

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“Where did you get that?”

My twelve-year-old daughter asks, pointing directly to the dark purple and red bruise on my forearm.

Long pause.

I don't want to tell her the truth. However, my daughter is very insightful. She wouldn't be asking if she did not already suspect something irregular about the character of this injury.

Yet, I don't want to her to be scared when I leave for work—or when I'm not there when she goes to bed. Does she really need to know how dangerous it is to work in an emergency department? Does she need to know that I am cursed, berated, and threatened with physical violence? Should I protect her from the knowledge that physical violence isn't just threatened? It is a reality. And it's not just once in a career. It occurs often enough that we begin to believe it's part of the job.

Maybe my vague answer will be enough.

“At work.”

Short pause.

Again, she is very insightful. I shouldn't be surprised. She doesn't jump to the conclusion that while at work, I may have fallen or bumped it accidentally.

“From a patient?”

She knows there is more to the story. My vague answer will not suffice. My face gives it away. I've taught her to tell the truth—even when it is difficult. I take a deep breath.

“Yes.”

“Did you call the police? Are they in jail?”

Long pause.

I really don't want my ears to hear the truth escape my lips. I don't want to be scared going to work. There are patients, families, and visitors with weapons and hostility. There are those seeking revenge. Some seek drugs. They are intermixed with those seeking healing and refuge. Sometime they are the same, and their illness clouds their actions and vision. The result: frustration and violence.

“No. I didn't call them.”

Among the countless physical and verbal assaults in my academic inner-city county hospital career, my mind flashes back to three other times where I was scared, really scared, to be in a room with a patient.

—I was new and inexperienced. It was the middle of the night. I was alone in the back hall. My patient was rocking back and forth, hands clenched, fully clothed. He told me he wanted to slit my neck open with the shanks he had in his coat, and smear my blood all over the wall. The shanks were real and within reach. I ran to security. They procured the weapons, and I went on with my work. Just part of the job. Exacerbation of schizophrenia, not his fault as his actions were not in his control. I wasn't hurt...

—I had taken care of her for years. She often wandered in and out of the ED. We helped her as much as possible within a constrained system. One night, she unexpectedly lurched forward and grabbed hold of my neck and punched me in the face. I fell toward the closed door and reached for the handle. The door opened just enough for the nurse to hear the scuffle. I blamed myself.

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I had done everything wrong. I put the patient between the door and myself. I let my guard down. And I had closed the door...

—Strung out on cocaine and alcohol, demanding narcotics. I denied the request and she threatened to find my address and harm my children. She described how she would mutilate them. I was horrified and still am to this day. The picture haunts me. I can still see her face and her smile as she said it. I did call public safety. However, when I found out that a restraining order would give her direct access to my name and address, they discouraged a report and I complied...

“Mom, when you take care of people they shouldn’t get to hurt you.”

She’s right, and she’s only twelve years old.

—This time, now episode number four, the patient had threatened to kill the next person who irritated them. I was that person. I had irritated her with the request to obtain venous access and blood specimens. I had frustrated her by seizing the bag of unknown contents hidden in her hand. Physical violence ensued. She had me in the corner quickly. I held her off by kicking her and blocking the swings with my arm. Our staff responded swiftly, but not before I was harmed, mentally and physically...

No one deserves to be put into any of these scenarios. It is time to make healthcare provider safety our number one priority. The responsibility starts within ourselves, extends to our institutions and is incumbent on our lawmakers. The difficult task of achieving a safe and healthy work environment is multi-faceted and will

require the efforts of every entity aforementioned. It is daunting, but it is achievable.

One of the facets includes our own cognizance of the potential for violence during patient interactions. Also important is our awareness of how to utilize safety measures already in place and report all verbal and physical aggressions and injuries.

As we are all at risk for being the victims of violence, we need to advocate for, and participate in, self-defense and other mitigation technique courses. Administration should provide violence prevention measures appropriate to the facility and region, such as a metal detector and increased security staff. Crisis debriefing and other counseling care are important following incidents to enhance coping, minimize burnout, and overcome feelings of despair, victimization and fear.

The system should consider institutional reporting (rather than personal), as the protection of victim anonymity should be paramount. Lastly, in this severely abbreviated list, zero tolerance for violence towards healthcare providers should be the law.

We are the safety-net for a diverse population, providing protection for so many vulnerable individuals. We do this every second of every day, for everyone who needs us. We want to be protected by the same health care system when we are providing that care. We want to go to work feeling safe every day. We want to come home feeling safe every day.

No pause.

We deserve to be safe.

