

Speaker 1 ([00:00](#)):

In this episode of Tim Talk, healthcare workers share how workplace violence affects delivery of healthcare as lawmakers consider legislation to better protect workers.

Speaker 2 ([00:12](#)):

Welcome to another episode of Tim Talk. This month, we are shining a spotlight on an issue that is affecting healthcare workers across the country. We're talking about violence against healthcare workers in the workplace, and for those that maybe haven't connected all of that, yes, we're talking about violence against healthcare workers that put themselves out there for the public in service, that are on the receiving end of violence in our own workplace of hospitals and clinics and other places that we all assume to be safe places. It's not right. It's a big deal. It's a troubling issue that we are addressing at Northern Light Health from every angle we can. The best way to know the full scope of the issue is by listening firsthand to the individuals that are on the front lines. Our first guest to provide that perspective is Abigail Sears. Abigail is a registered nurse in the emergency department at Northern Light England Hospital. Thank you for being here, Abigail.

Speaker 3 ([01:29](#)):

Thank you, Tim.

Speaker 2 ([01:31](#)):

Our second guest will be able to tell us how stories like Abigails that you're about to hear are providing important information to help in ongoing efforts to get meaningful laws passed by the main legislature to address workplace violence against healthcare workers. Lisa Harvey McPherson is the Vice President of government relations for Northern Light Health. Lisa advocates before the main legislature and all elected officials on issues important to Northern Light. And this issue of workplace violence is our top priority matter. Lisa is a registered nurse and holds a master's degree in business administration as well as a master's degree in public policy and management. Lisa, thank you for joining us too. Thank you, Abigail. Again, I'd like to thank you so much for being here, but thank you for your courage in sharing your story. For the benefit of our listeners, can you share with us your background, what you do at Northern Light and other places where you provide care and how workplace violence affects your job, your

Speaker 3 ([02:45](#)):

Work? So I was born and raised in Israel, the country, um, moved here when I was 21. I went to nursing school here, uh, in Maine at the University of, uh, Maine Augusta, and at the University of Southern Maine in Portland. After I got my bachelor's degree, I worked, um, in nursing homes for a couple of years to kind of get some experience. And then I worked for Maine General as a flow pool nurse. So I've worked in many different areas of nursing. I am also a safe nurse, which is a sexual assault forensic examiner. And I joined, uh, Northern Light Inland Hospital in 2011, initially as an agency nurse and then as staff in the ER here at Inland Workplace Violence is a troubling issue, I think, especially in the er, um, because patients who come to the ER are not feeling well, they wanna be taken care of immediately.

Speaker 3 ([03:56](#)):

They don't most, I find not most, but some patients don't care if there are other people who are sicker than them. It's, you know, all about them. They want to be taken care of immediately. And sometimes

that can lead them to become aggressive, physically, verbally is a very difficult thing to deal with because we are here to try to help them. And when they treat us that way, it makes it hard to want to help them and can sometimes be very scary for our staff. Having patients with mental health issues be violent when it's not really their fault can be hard as well. Um, because they, for them, they don't really sometimes know what they're doing and that they are being violent or they're being aggressive and having help with that is very important.

Speaker 2 ([05:00](#)):

Absolutely. You know, on that, um, latter point about patients struggling with, uh, mental health when they're with you, you were, you were, uh, stressing that point when we spoke earlier and, um, you know, you were, the, my takeaway from that discussion was, as you just said, many people struggling with mental health don't realize what they're doing, et cetera. And, um, while others that are under stressful situations may have, um, the mindset where they realize what they're doing, but they're just out of control or they, you know, they lose it at your expense. Um, so how does that, how does that feel, how does it feel to be on the receiving end of that?

Speaker 3 ([05:46](#)):

It's not fun. Um, I'll say that it's, it can be scary because we're such a customer oriented organization or environment country. It's all about the customer is always right. It sometimes feels like we can't tell the patients that they're being inappropriate because then they will report us and we'll get into trouble. And, and so it feels like if you're mistreating me, it's not okay no matter who it is and who you're treating. And I should be able to tell you that. And sometimes it feels like I can't, because if I do, I will get into trouble because I, because then you will turn around and report me and then I will get pulled into my manager's office and talk to about how I was not treating the patient appropriately, which happens all the time, even with patients who are not violent. Like they'll re you know, if they, if you didn't take care of them within the first five minutes that they got here, they'll write a letter saying that they were mistreated or, you know, and so that puts, uh, hardship on staff because they're, you know, if you're swearing at me, I should be able to tell you that I was inappropriate.

Speaker 3 ([07:03](#)):

And I usually myself do, or I will just walk out of the room and let the patient kind of calm down and then go back in. But some people feel that they can't, especially the younger nurses who just graduated from nursing school, they don't know how to deal with it cuz they don't have the experience and it's not okay for them to feel that it's not okay for them to say something.

Speaker 2 ([07:25](#)):

Thank you for, um, spelling that out. So, so clearly and you know, our listeners are both internal, uh, to Northern Light, our, our staff and other colleagues, including managers, et cetera, and external as well. But I hope that those, especially that are in the Northern Light family really listen hard to what you just said because the expectation is safety. The expectation is to stand by our staff, um, when they are have these kinds of, uh, confrontations and back them up. Uh, so I, I really do, um, hope that that resonates with a lot of people and those that are listening might just rethink how they, um, deal with situations when someone might be complaining about a staff member that actually they've taken aggressive acts toward. And we need to back the back our, our staff for sure in all situations.

Speaker 3 ([08:22](#)):

I wanna say that I think since we started this whole campaign against workplace violence, that I've felt much more supported. Um, we have had, um, they've given us these new button things that we can push if we have an a security emergency. And when we push the button, like hundreds of people, nah, you know, but many people come to help and so that's not good to hear. I feel like this is working, whatever this workplace, uh, safety that we're trying to promote is really helping because in the last six months or so since we've started, I feel like things have gotten better. There's more support from everybody, not just, um, the ER staff, like people come from all over the hospital to see if we need help and what they can do to help. And actually we just had a case 20, 30 minutes ago where we had to push the button and a bunch of people came and we were able to <laugh> contain the situation. So.

Speaker 2 ([09:26](#)):

Wow. Excellent. Thank you for that, Abigail. I really appreciate that. Maybe a follow up question also, if you're okay, um, what do you think can be done that would make this issue better for you and your coworkers? You just outlined? And I'm so glad to hear you say that because we're really trying to invest not dollars and cents, but yes, the things that we need to do, like the security alert system you just referenced with the button, but we're trying to do everything we possibly can, uh, to address this issue. So, um, what do you think we can do even better?

Speaker 3 ([10:04](#)):

Um, so I think as an organization, we are doing everything that we can. And, um, I don't know what's happening in other hospitals in the organization. I can only speak about what's happening at Inland, but they have added, like I said, the safety button that every, every staff member, even down to housekeeping volunteers have these buttons that can be pushed in the er. They have added a button that you can push that immediately calls the police. And so if we feel even more threatened by staff that we don't feel can be taken care of by, by inland staff, the police will come, they will be here in two minutes flat. Uh, but I think the biggest thing is education in the community. Yeah. Educating the population that it is not okay to treat healthcare providers in that way. And that if you are coming to us for help, that you should treat us with respect and dignity. Because if you want me to respect you, then you need to respect me and respect our time and understand that sometimes things are not under our control and if there is a 15 hour wait, which doesn't usually happen, but if that happens, we are trying the best that we can to help you as quickly as we can. And if you get mad at us and aggressive and violent, that's not gonna help your cause. And so I feel like educating the population is one of the biggest ways to make a difference.

Speaker 2 ([11:41](#)):

Very good. Thank you Abigail, so much for that. Now, Lisa, let's uh, bring you into the conversation please. This fall, the legislature's task force to study the process for bringing criminal cases in situations of violence against healthcare workers. Heard testimony from people like Abigail on their report that would address this matter. What can you tell us about the task force and the recommendations which we are very much in a, uh, an active part of?

Speaker 4 ([12:11](#)):

Great, thank you, Tim, for the opportunity to share this work. To understand the task force. We need to go back in time and take a look at the original law. So when Governor King, uh, now Senator King, but Governor King was leading, uh, the executive branch for the state of Maine. The legislature passed a law creating a felony for an assault on an emergency medical care worker. And the law is crafted very

narrowly. It's in the emergency department, the healthcare provider must be an emergency medical worker and providing hands-on emergency medical care. That's the law that's on the books. And over time, that law became more and more problematic as we had changes in healthcare in 2019, Maine Health, Maine Hospital Association and Northern Light Health partnered together to submit legislation to expand that crime to any healthcare worker in the hospital that was assaulted.

Speaker 4 ([13:14](#)):

And we went before the criminal justice committee and we had a very powerful story to tell because healthcare looks different now. We have security personnel, we have different types of personnel, and we have different roles in our healthcare environments. Not everyone is an emergency medical provider providing hands-on care. We made a fantastic case for the need to expand the law, but there was very persuasive and influential opposition to the bill. And that largely came from the defense attorneys and what the defense attorneys said, typically, when you're going to take a law and you're going to expand that law, particularly when it's a felony, you have a high number of convictions. Convictions are at the highest rate of the penalties. And it becomes clear that the law needs to be strengthened to be a deterrent to whatever the criminal act is, the law is targeting. And the defense attorney said, we don't see these cases, we don't see these cases coming through the court.

Speaker 4 ([14:19](#)):

We rarely see these cases being charged. What is the problem you're trying to solve? And legislators had a concern that the population that really would be targeted by this law were individuals with behavioral health and substance use disorder diagnoses. So universally, every me Republican member and every Democratic member of the Criminal Justice Committee said, no, we vote not to pass. And the vote bill was dead. And as we regrouped and thought about that public hearing and what we heard, we didn't have the wrong policy. We didn't have the right partners, and the partners we need for the discussion resulted in the legislation that created the task force. So for the first time ever in this discussion, we had healthcare leaders, legislators, the police district attorneys, and the judiciary all taking a look at this very narrow law and the very big issue of violence against healthcare workers.

Speaker 4 ([15:35](#)):

And we learned a lot, we learned from district attorneys that this law is very difficult to charge and prosecute against because it is very, very narrow. And we learned from law enforcement the challenge that they have in responding to calls and violence in our emergency department and looking at an individual that has harmed our staff and making a determination, did they intentionally, knowingly and recklessly assault our staff, and many of them, not all, but many of them have behavioral health diagnoses. So one of the important conversations the committee had was with psychiatrists and we had emergency department clinicians and Dr. Mike Nelia, uh, the medical leader in the emergency department at E M M C was a task force member. He was fantastic talking about his role as a clinician. And then we had psychiatrists who provide emergency room consults work with the committee to understand these clinicians can identify when an individual meets those three criteria intentionally, knowingly, and recklessly.

Speaker 4 ([16:57](#)):

And we also shared with the group clinicians filter out the behavioral health patients who can't meet that standard. And we know that part of their disease process is they do harm us and it's not intentional, but we also know the difference between someone who has intent. So that part of the conversation was

extraordinarily helpful for law enforcement. It was helpful for the district attorneys, but here's what the judiciary told us, what the defense attorney said was right, very, very, very few convictions occur under this law. So in 2021, there were 20 charges filed under that very narrow emergency department statute and three convictions. So a lot of our discussion focused on the need to fix the law and the task force report would have, which has just been published, does make a recommendation to extend that felony level crime to any employee or contractor in that emergency department setting that's assaulted, that will be a felony.

Speaker 4 ([18:15](#)):

We had a conversation about making it throughout the house throughout the hospital, but the legislators weren't there. And our priority was consensus To get legislation passed, we need everyone to agree. And so we gave on kind of the expanded scope of the law and agreed to focus on the emergency department to get universal support. But there's a lot of great recommendations in that report that don't require legislation. It talks about what hospitals can provide law enforcement to really help them create the charges and bring those charges to the district attorney. We talked about the role of the district attorneys working closely with hospitals so that we can help them do their work and keep close with the charges and at the cases as they're proceeding. And we addressed something that I've heard from nurses and doctors and others, the the interest in protecting our personal identity because in that, when that police report lists me as a nurse or Abigail as a nurse or anyone else and says who I am and where I live, that police report must be shared and the individual who has harmed me will know now know where I live to solve that, we're going to have the hospital's address be the address on the police report, and we're going to work within Northern Light Health to have an individual within our hospitals be the point person to facilitate working with the individual that has been harmed.

Speaker 4 ([19:59](#)):

And the District Attorneys and Northern Light Legal and hr, there's gonna be a whole team that will surround and support our staff, and we're gonna have a phone number that's identified. So Abigail's address will be Inland Hospital, 200 Kennedy Memorial Drive in Waterville, Maine. And I think that will go a long way with helping our staff to feel more comfortable in reporting. So there's a lot in there. There's char uh, responsibilities for the main hospital association to help all hospitals in Maine implement the recommendations. But I'm really, really proud of the work that we all did and we all meaning the Northern Light health team and the team that was on the task force to really make suggestions that are gonna make a difference in helping our staff.

Speaker 2 ([20:47](#)):

That's a great summary, Lisa. Very complex work, but, uh, wow, really, uh, essential work and I'm so glad to hear of the, the team oriented approach. And it sounds like everything from, um, you know, data, which I'm gonna ask you about because you know, you gotta share the, the data, the facts, you pointed out a couple of facts, but also the personal accounts, personal stories, you know, powerful stories like Abigail shared with us. So, uh, let's, let's start with the, the first point. Any, you know, how important were the, uh, personal accounts and those personal stories to maybe, I don't know, should dare I say get the attention of the officials?

Speaker 4 ([21:27](#)):

They were very important. So the first meeting we had was defining the problem and we had Ali Worcester from Eastern Maine Medical Center talk about all the work that we are doing to support our

employees so that the task force members understand this is number one, and we are all in, and as Abigail said, we're making a difference within our institutions, but there are some policy tools that we need to make our work more effective. So we framed up the issue, and I'll talk about data in a second. So when we moved into the second meeting, the task force members had a good understanding of all of the various aspects of challenges that go into the issue we're working to address, but they wanted to hear the voices of our staff, and there was an opportunity for anyone to come and provide direct testimony before the task force on their experiences. And there were a lot of experiences shared, and I was so honored to work with Kelly Smith, who is an emergency room nurse at Easter, Maine Medical Center, and she created testimony that reflects her very powerful story as a nurse of being harmed by a patient and how her colleagues are harmed by our patients, and that they see this intentional act that the patients have when they are being harmed. And a call to law enforcement, we have a law, we need your support to protect us. That was a very powerful day before the task force.

Speaker 2 ([23:13](#)):

Thank you. And, and of course, uh, you know, the data and the numbers and things of that nature, you, you touched on that, but round that out for our listeners on, on how that played into really making, uh, some momentum under this.

Speaker 4 ([23:28](#)):

Yeah, so in preparation for the first meeting, the staff to the task force did a, a call for information and committee members identify what is helpful for me to have to understand the issue that we will be addressing. And there was a call for data, uh, there, a call for data to the Department of Labor, and they responded and there was a call for data from the main hospital association and other types of healthcare providers. As the main hospital association tried to wrap their arms around this very detailed request for data, it became clear that the most sophisticated data set that they could access was one that Northern Light Health has and one that Maine Health has. So when we were talking about how do we define the scope and severity of this problem, the Department of Labor's perspective is data that's based on worker compensation claims a valuable tool, but it falls short because we know so many of these incidences never result in a worker compensation claim.

Speaker 4 ([24:35](#)):

So I was able to say to the committee for Northern Light Health, we know on average we have 70 disruptive events a month. And in 2021 we know that over 300 of our nurses experienced a disruptive event by a patient cast upon them in over a hundred nurses aids. And we could talk about, yes, security personnel are also harmed, but yet they don't fall under this kind of statutory oversight. And unfortunately, we also talk about how many times law enforcement is coming to our emergency department at the request, the urgent request of our staff for help to remove this patient who has assaulted me only to understand that perhaps maybe a summons will be issued. It was very powerful. And other healthcare sectors spoke about a general sense, we think it's worth. I hear it's getting worth, I know my staff have been impacted, but they didn't have the data to say, I can define the scope and severity and here it is. So that was transformative and one of the recommendations in the final report is to take that level of sophistication that we have and look at other all of cross sectors of healthcare providers can begin to collect and report that level of information. So we have a very vibrant data set that will help advise to expand the law throughout the house.

Speaker 2 ([26:17](#)):



Terrific. Lisa, um, before I, um, ask Abigail to, um, see if she has any other thoughts that she would like to share with us, any, um, last thoughts just to round out, you know, um, any of the other initiatives that we have under a way at Northern Light to curb workplace violence,

Speaker 4 ([26:39](#)):

You know, and, and I mentioned Ali Worcester, and she was extremely effective in talking about the comprehensive approach that Northern Light Health is taking to address workplace violence. And she spoke about, um, how we streamlined reporting security assessments, um, the security alert button. In fact, I'm a registered nurse, I have my button right here in my office here at Inland, how we've created a workplace violence council and the awareness campaign you report and we support. And so they begin to understand this is an all in effort because typically when you have difficult issues like this, they policymakers will say, well, let's mandate some training. And we said, oh my goodness, we are so far beyond training with our comprehensive approach, understand how we have fully wrapped our arms around this issue.

Speaker 2 ([27:35](#)):

Yeah, that's that's terrific. Thank you you so much for that. Abigail. I'll, I'll stay with that question before I ask if you have any, uh, sort of overarching closing thoughts or anything like that, but anything else come to mind on, uh, things that we, uh, have tried to help staff with or tried to, you know, uh, minimize workplace violence? I'm, I'm thinking for example, of the, um, management against aggressive behavior, right? I'm, I'm, am I saying it wrong? Moab. Moab, how's that been, uh, received? Does it help have you exercised it?

Speaker 3 ([28:10](#)):

Um, it, it's funny that you mentioned that because, uh, I learned about Moab 15, 16 years ago when I was working at the nursing home. They were teaching us how to do that. Um, and I think that in theory it would work. However, when you're in a situation where a patient is trying to attack you and they're right in your face, that all goes away and you are terrified. And if you don't have any experience with protecting yourself, you wanna just kind of get in, go into a shell and protect your, your body from being assaulted. And you're not gonna be like, oh, I'm not gonna actually touch the patient. I'm just gonna, you know, so in theory it's a good thing they're teaching it. You're required to re-certify every two years, and again, every two years doing an hour, eight hours of training and then it goes away. You're not even gonna remember what you did two years from now when you go to do it again. So unless you use it every day, you know? Yes. And so,

Speaker 2 ([29:27](#)):

Great, great example. And I think that reinforces, uh, what each of you have said, and that is, it has to be, this comprehensive approach has to be something tangible like that button each of you have referenced, uh, the alert button. I'm so happy to hear you say that. Not necessarily that you've used it, you have had to use it, but that when you do, you know, a crowd comes running and if people feel like there's a hundred people there, won't that be great, uh, whether it is or not to use, to use your words. Okay. So Abigail, you get the last thought on this, please. Um, I'm, I'm so thankful to both of you for, for being here and Abigail with, uh, everything you do. I just thank you for everything you do for our patients and and for our staff and for your, uh, your colleagues in Northern Light. And, and I include myself and Lisa in that. Um, do you have any closing thoughts?

Speaker 3 ([30:23](#)):

The effort that we are putting in to educate the staff, the population, the help that staff is getting from management to try to prevent workplace violence is a wonderful, wonderful effort. And I hope that it continues forever. I hope the laws that Lisa is trying to help put in place will help because I think one of the biggest things is when staff get assaulted, feeling that there's nowhere to take it, nowhere to say. I mean, if I walk down the street and I think I said this in my original video and someone comes up and assaults me, I can place charges against them and they will go to jail or they'll pay a fine, or there's no completion of that when you work in the er. We had a nurse that worked with us that a patient took a cord from their oximeter and hit her on the back with it, and then the patient said, oh, I wasn't on purpose.

Speaker 3 ([31:49](#)):

I didn't really do it. And the nurse wanted to press charge. I think the nurse did press charges, but we never heard what actually happened. The patient was still here for three more days after that happened. And it's like, in my opinion, I don't care how sick you are, if you assaulted someone, you should be taken away from the place where you assaulted the staff that's there. And so hopefully with all these laws that we're trying to do and all the education, a that will stop happening. And if not, that we are able to remove the assaulting personnel.

Speaker 2 ([32:26](#)):

Thank you. Thank you Abigail. Lisa, any, any last thoughts you have as well?

Speaker 4 ([32:33](#)):

I am deeply honored to do this work, so I appreciate the opportunity to be the voice of Abigail and all of our doctors and clinicians and employees in this really important work. It's an honor to do this every day.

Speaker 2 ([32:48](#)):

You're here, Lisa. Abigail, it was my privilege to have you both on, uh, this episode Thank you. Our podcast listeners too. And so, until next time, this is Tim Ry encouraging you to listen and act, to promote our culture of caring, diversity, and inclusion that starts with caring for one another and making each other safe. Thank you so much.

Speaker 1 ([33:17](#)):

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