Workplace Safety: Are nurses safe?

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When someone thinks of a hospital, they generally have a specific thought; that the hospital is the place you go to once you decide you need urgent help. Though most people rarely ever go to the hospital, it should be considered that there are medical professionals and assistive personnel who go to the hospital every day as their means of employment. It is important that we also take into consideration the perspective of the nurses who provide daily care for the patients. Just like there is an importance on the patient’s safety, there should also be an importance placed on the safety of the staff who provide this care day in and day out.

Within the healthcare setting, there are many ways that nurses can experience challenges that would put their safety at risk. Brent (2016) makes a case that nurses’ workplace safety should not be underestimated. The Occupational Safety and Health Administration (OSHA) (n.d. b) lists several ways that healthcare workers have their safety put at risk - which are “bloodborne pathogens, biological hazards, potential chemical and drug exposures, waste anesthetic gas exposures, respiratory hazards, ergonomic hazards from lifting and repetitive tasks, workplace violence, laboratory hazards, radioactive material and x-ray hazards.” Another issue that puts a nurse’s safety at risk is experiencing sexual harassment.

Certain safety risks at work can be decreased by agencies such as OSHA which was created within the United States Department of Labor. The Occupational Safety and Health Act of 1970 that was passed by Congress was designed to help ensure safe working conditions by setting and enforcing standards for the workplace, and also providing training, education, and assistance in the matters (OSHA, n.d. a). However, it is without a doubt that ever since the establishment of OSHA, injuries and illnesses have decreased. Hospitals that fall under the establishment of OSHA, must now comply with OSHA regulations. That is, the Hospital must make sure that all employees are informed, educated and trained on safe work practices. OSHA also condones the reporting of unsafe working conditions. Because of OSHA’s regulations, there has been a decrease in injuries and illnesses in the workplace.

Changes in the healthcare setting have occurred drastically. If you speak to an older nurse who has been in the field for many years, they can tell you stories of how different things were once upon a time. For instance, in the cigarette prime of the ’50s and ’60s, smoking was allowed virtually anywhere. In an article written by Ierardi (2010), she writes that many colleagues remembered when nurses and other professionals would smoke at the nurse’s station. Furthermore, patients were even allowed to smoke in their rooms even with an oxygen source nearby. These instances put not only the patients at risk for injury, but also the nurses, and other healthcare workers at risk as well.

Furthermore, there are things that we do today that we don’t realize were far greater risks in the nursing profession’s history. Sedlak (2004) states that there are a few areas in which nursing safety practices have changed within clinical practice. One example is the use of syringes which were once glass and reusable but are now single use and disposable. Furthermore, the needles that were used with syringes were once either manually capped or manually broken off and are now retractable and disposed of in a sharp’s container. Another major change pointed out by Sedlak (2004) that I did not even consider was that, at one point in time, nurses were the ones who would mix and prepare hazardous chemotherapy drugs in the patient’s room. However, that is now done by the pharmacy department who prepare the drugs using a laminar flow hood. In her article, Sedlak states that despite these changes, there is still another issue that has yet to be resolved, and that is the protection of nurses from musculoskeletal injuries from constant lifting and transferring patients. Musculoskeletal injuries have occurred regardless of the education and training that nurses and other healthcare professionals receive (Sedlak, 2004). Garrett, Singiser & Banks (1992) reported that 40,000 nurses had reported back related injuries annually. The physical requirements of nurses are very demanding. Nurses have to lift patients in bed, help patients get out of bed, transfer patients from the bed (Institute of Medicine, 1995). There are many reasons that nurses assist patients so often in the clinical setting. As nurses, we know that activity helps the patient in many ways than to just lie in bed. Because of this, nurses try their best to allow their patient to be as active as possible. One way that nurses help patients who have difficulty moving is by assisting them to a sitting positing. Often times, this involves transferring the patient onto a chair from the bed. Although this sounds very simple, we have to consider the fact that an adult patient can weight anywhere from 100-200 pounds. Furthermore, we also have to care for many bariatric patients whom I myself have witnessed weigh as much as 700 pounds. However, let us not forget the actual logistics of even having to handle the weight of a patient for an average nurse. One could easily struggle to get their patient out of bed onto a chair on their own, especially when the patient cannot do much for themselves in terms of mobility. Many of these patients who require assistance tend to be weak, debilitated, and elderly and thus already increase the risk of injury for both themselves and their primary nurse. Another idea we have to focus, speaking from my ICU experience, is that patients also require assistance turning to prevent pressure injuries but also to complete their bed baths. With injuries being so common and easily preventable, training during orientation has taken place in many institutions. During this training, the orientees are taught proper ergonomic techniques when having to lift patients. However, many times, asking for assistance from a colleague is the best option to prevent an injury. In one instance where a colleague of mine had a medically sedated and intubated patient, required assistance from approximately six people on the unit to change the linen on her 650lb patient. This was an ICU unit, and thus, it was essential for us to be as efficient as possible to swiftly return to our own patients. When I worked at this facility, they were testing an item that was designed to help nurses shift patients. It was similar to an air mattress that would be put on the beds where bariatric patients would be. With the press of a button, the mattress would inflate on either side so that it would alleviate pressure, and also to assist in turning the patient when performing skin assessments or giving a bed bath. It was being testing in our ICU, and if it was deemed efficient, it would then have been purchased for other units as well. This was a great initiative taken by the hospital to help nurses and reduce the outcomes of back injuries. Healthcare facilities should do more to help their nurses as much as possible. Sometimes in high stress, high paced environment, asking for assistance from a colleague will not cut it.

Next, I would like to discuss a different issue that nurses also face today that puts their safety at risk, which is workplace violence. Nurses experience workplace violence at a staggering rate. OSHA (2015), defines workplace violence as violent acts such as physical assaults and threats of assault, directed toward persons at work. However, it can also incorporate verbal violence-threats, verbal abuse, hostility, harassment. All of these workplace violence incidences can potentially cause psychological trauma and stress regardless of physical injury. Nurses can experience workplace violence from anybody in the unit in which they are working. This includes patients, patient’s visitors, intruders, and coworkers-nurses, physicians, respiratory therapists- anyone (OSHA, 2015). Patients are the largest source workplace violence contributing 80% of all reported incidents. Sometimes, workplace violence cannot be prevented because there are too many variables to consider, however, it is important to report all incidents. OSHA (2015) states that a survey of almost 5,000 nurses in Minnesota found that only about 70% of physical assaults and non-physical assaults were reported. Institute of Medicine (1995) stated that there are certain environmental risk factors that would increase the chances of experience a violent episode. These factors are inadequate training, staffing patterns, the time of day (overnight has a higher risk). Furthermore, studies show that inexperienced workers and nursing students are likely to be victims of assault (Institute of Medicine, 1995). Hartley & Ridenour (2011) conducted their own study to find more information on workplace violence. They interviewed healthcare workers who experienced workplace violence and found that 40% of those healthcare workers were in psychiatric or behavioral units. Patients in psychiatric/behavioral units tend to have a difficult time coping, and controlling their emotions, which would, in turn, lead to a higher incidence of violent outbursts or even injuring someone accidentally. Being in isolated locations increases the chances of assault, however, assaults can happen anywhere within the healthcare facility, most taking place in patient rooms and emergency department cubicles. It is important to not become desensitized to workplace violence after repeated experiences. All cases should be reported. One should know how to stop situations from getting worse and ask for assistance if needed. Anderson & Stamper 2001 give tips on how to deal with aggravated patients to help decrease violent incidents. Some key tips they provide are, staying at least four arm lengths away from the patient, position yourself to one side of the patient so that the patient does not feel confined, do not touch, point order, scold, challenge, interrupt, argue, belittle, intimidate or threaten the patient, acknowledge the patient’s feelings, try to discern the triggering event. It is important that nurses try to educate themselves, on how to deal with aggravated patients. The employing facility should also provide some education and training upon hiring, and annually if they are in a high-risk location that has a higher than average incidence of workplace violence. In my experience in nursing school, I think a great approach that City Tech nursing program incorporated was the mandatory Crisis Prevention Institute (CPI) training prior to attending the psychiatric clinical setting. All students learned vital aspects of how to properly handle situations in which our safety is put at risk.

In conclusion, workplace safety is an issue that healthcare workers, nurses in particular, still have to confront on a daily basis. Modern-day practices have come a long way to where we once began in the world of healthcare such as the use of syringes. However, daily exposure to blood products and certain medications still put nurse’s safety at risk. Furthermore, there still room for improvement to decrease the incidence or work-related injuries due to the physical demands of nurses. As the nursing population ages, this will be of more importance, and more will need to be done to ensure the nurse’s safety. Lastly, it is imperative that everyone does what they can to help prevent workplace violence. Although patients are the biggest culprit, we must be cognizant of the minuscule situations even among coworkers to ensure nobody gets taken advantage of, and to prevent situations from getting worse. More research and progress is needed to ensure that nurses are safe in their workplace at all times.

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