

Every Patient Deserves a Safe Nurse

Patient safety cannot be achieved when nurses are not safe.

? I am a new RN who just started working in an ICU. I am finding that nurses rarely can take breaks. Doesn't it benefit patients and employers when nurses take the breaks they're entitled to?

Indeed, by improving the well-being of nurses, you can also improve the well-being of patients. Breaks increase nurses' productivity and efficiency and reduce accidents and errors.

In fact, there are many examples in health care settings where nurses' safety directly affects patient safety. Poor staffing can result in greater patient mortality. Mandatory overtime and long shifts can increase nurses' fatigue, stress, risk of accidents, and can impair work performance. When nurses and patients share the same environment, they share the same hazards, such as infectious agents, toxic cleaning chemicals, poor air quality, needlesticks, and violence.

Another shared hazard is the manual moving of patients. Nurses are taught to use "proper body mechanics," yet injury statistics prove that this approach is dangerous to patients and nurses. The few studies performed on proper body mechanics focused on men moving 50-lb. boxes with handles, which is very different from moving humans. Recent research shows that most common patient moving tasks exceed human capacity,

Maggie Flanagan is a member of the Washington State Nurses Association and chairs its Committee on Occupational and Environmental Health and Safety.

regardless of the nurse's age or fitness level or how many workers are put to the task. Using equipment for lifting and repositioning is safer for both patients and nurses. (See www.nursingworld.org/osh and select "Handle With Care.")

Let me explain a lesson I learned traveling on an airplane with my newborn son. Knowing that my child's life could depend on how well I managed during an emergency, I listened closely to the preflight safety instructions, which included using oxygen masks. The instructions said, "Put on your mask first, and next, put on your child's mask." As a parent, my focus was to take care of my child and put his mask on him first. But then it became clear: my child was depending on me, and if I didn't get my mask on first, I wouldn't be able to help him. And this is my point. If we don't put on our own "masks" first, there may be no getting to our patients' "masks" next. When nurses become injured, ill, infected, stressed, or burned out, how will we be able to care for our patients?

And be aware of "making do." Nurses make do when the staffing, supplies, equipment, or support services are inadequate. But, when nurses make do, isn't it really patients who are then forced to make do? We need to improve, not compromise, the quality and safety of our care.

When it comes to safety, we can learn from other industries. Pilots can fly an entire airplane while seated, yet nurses struggle in health care workstations where they often can neither see nor reach medical equipment.

Resource

- ANA Occupational Health and Safety: www.nursingworld.org/osh

Food industry workers have automatic handwashing machines to ensure proper hygiene, while this technology generally is not available in health care.

When nurses speak up, patients benefit. The best solutions come from those who provide care. Safety improves when nurses are involved in decision making and the designing of workplaces and medical equipment. Speaking up can be as simple as reporting unsafe conditions and suggesting solutions, or working to eliminate hazards with your union, organization, or safety committee. Nurses can join forces with their constituent member associations (CMAs) and the ANA to enact legislation that ensures safety. The ANA and CMAs have championed safety by working to promote safe staffing, no mandatory overtime, and needlestick prevention, as well as the Handle with Care and RNnoharm programs.

Everyone should be safe, and people should not be categorized and prioritized into groups such as patients and nurses—many nurses receive health care at their place of employment and thus are patients as well.

Patient safety will not be achieved without nurses being safe. When nurses' working conditions are improved, so is the quality of patient care. ▼

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