SYNOPSIS

# KEY POINT SUMMARY

## OBJECTIVES

This study sought to assess staff perceptions of barriers and attitudes toward safe patient handling, identify staff needs for equipment and education, and involve staff in the equipment selection process.

## DESIGN IMPLICATIONS

Designers should pay particular attention to the third barrier to safe patient handling identified as lack of space. Small rooms crowded with equipment, awkward positions, and lack of availability (of needed equipment) were all identified as barriers to safe patient handling.

# Empowering Staff Nurses to Use Research to Change Practice for Safe Patient Handling

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## Key Concepts/Context

Nursing is one of the top 10 occupations for work-related musculoskeletal disorders, often stemming from patient handling, which is unpredictable and performed in awkward positions and unfavorable conditions. The authors of this paper created a safe patient handling or ergonomic program that combines patient-handling equipment and devices, education, patient care ergonomic assessment protocols, no-lift policies, and patient-lift teams.

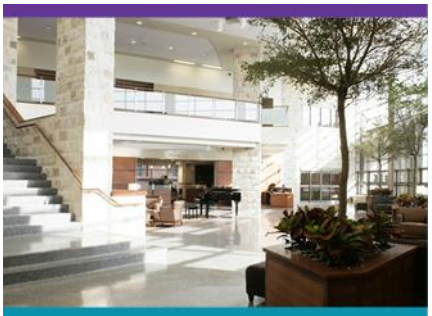
## Methods

The authors used the innovation to Enterprise (i2E) (www.i2e.org) formula of change to guide their study, which includes four elements for encouraging change: inspiration, infrastructure, education, and evidence.

The study used a descriptive design involving registered nurses (RNs) and patient care technicians (PCTs) responsible for direct patient care at Northwestern Lake Forest Hospital (NLFH). The authors conducted this single-site study in two consecutive phases using a staff survey and focus group, which then led to an equipment trial.

Researchers invited RNs and PCTs from six adult inpatient units and the emergency department to participate in an electronic survey from July to August 2009. Then they conducted a focus group in October. Finally, staff on two high-risk units tested equipment during December 2009 and gave their recommendations.

The equipment was evaluated with a product evaluation tool developed by The Alliance Implementation Team of the Association of Occupational Health Professionals in Health Care and the Occupational Safety and Health



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Administration. Each evaluation tool included eight areas of evaluation: comfortable, easy to use, stable when in use, versatile, easily cleaned/disinfected, effective in reducing injuries, efficient use of time, willing to use this product.

## Findings

Staff identified the following major barriers: lack of a no-lift policy, inadequate lifting equipment, and inadequate space on patient care units. The staff also said that the most physically demanding tasks were repositioning (moving and turning patients in bed), transferring, and environmental limitations (confined quarters and carpeting). When asked what would make the job easier, the study respondents identified three main items: equipment, staff, and environment. In addition, when asked about equipment, staff pointed out the need for sit-to-stand, functioning wheelchairs and mechanical lifts. Finally, the survey respondents identified training in body mechanics as a key area for additional education.

The focus group indicated the following key points: lack of any lifting equipment, confined quarters (lack of space), size of patient, type of patient (orthopedic), taking adequate time to safely move/handle patients, safe patient handling was extremely important, and additional education would be helpful. The study participants said Survey Monkey was easy to use, but that they were sometimes interrupted for patient care and had to return later to complete the survey.

## Limitations

The authors identified the following limitations. First, the study participants were not selected at random and, therefore, self-selected with potential for bias. Second, while the online format was convenient for some participants (and perhaps contributed to the favorable response rate), it may have deterred others. Third, the study was conducted at a community hospital and, thus, not representative of RNs and PCTs at large university hospitals. Fourth, at the time of the survey, the hospital did not have a no-lift policy and did not have much equipment; so questions referring to specific policies and lift equipment may have been challenging for participants. The researchers confirmed this in the focus group. Fifth, although the survey instruments are in wide use, psychometrics have not been reported in the literature. Finally, the equipment trial used a small sample size, therefore, conclusions about the equipment are tentative.