



# BACKBREAKING WORK

Back injuries are an epidemic among RNs. Experts say lift teams are the answer.

By Lucia Hwang



Some examples on this page and opposite page of lift teams in action as they use vertical and lateral lift equipment.

**W**hen Kathryn Whatley, an RN in the ICU at Sutter Roseville Medical Center, grasped her patient around the waist to pull him back up in bed, it was a task she and other nurses perform so often that she never even thought to ask for help. Though she weighed just 110 pounds, she was strong and in good shape.

But this time, Whatley felt something pull in her lower back. After she squatted down to check the man's urine output, she tried to stand back up, and that's when she knew something was wrong.

"It felt like a hot poker in my back," she says of the pain she felt that Thanksgiving day in 1999. Unable to move, she went home. "I had to leave. I didn't even finish my charting."

Whatley had herniated two disks of her lower spine. She got better, but the damage had been done. That injury led to

more injuries and eventually surgery last year. Today, she is 49 years old and can't work. Her back hurts all the time. She can't even sweep the floor.

"It breaks my heart because I'm never going to be back to bedside nursing," says Whatley after 23 years of being an RN. "My back is shot."

For people who study occupational injuries, the question is not whether RNs and other healthcare workers like Whatley will get injured, but when. According to 2000 numbers from the U.S. Bureau of Labor Statistics, RNs, LVNs, and CNAs together lead the nation in back injuries, suffering a combined 62,332 work-related musculoskeletal disorders (MSD), compared to 45,327 MSDs for truckers, who were officially listed with the most. The average nurse manually lifts 1.8 tons per shift, and research shows that every time a nurse lifts a person manually, she risks a 75 percent chance of back injury.

Other factors suggest the numbers will continue to rise. Patients are sicker and heavier than ever before, while the average age of nurses is 47 and climbing. Recent changes to California's workers compensation system may also make it much harder for RNs to collect benefits for chronic back pain, versus an acute injury.

The best solution, say experts, is to prevent these injuries by shifting the burden of lifting and repositioning patients from nurses to trained teams of employees using special equipment. In the process, hospitals, government, and taxpayers will save money, they claim.

"California has to recognize that there is an epidemic of healthcare worker back injury," says William Charney, a Seattle-based occupational health advocate and consultant. Charney is also a former director of environmental health at San Francisco General Hospital and coedited the book *Back Injury Among Healthcare Workers*.

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*Lucia Hwang is editor of California Nurse.*



“The healthcare industry’s in denial about it. You have to mandate that they protect their workers.”

In California, legislation is pending that would do just that. AB 2532, sponsored by CNA and authored by assemblywoman Loni Hancock (D-Berkeley), would require urban general acute hospitals to have a plan to prevent back injuries and establish at least one lift team for each shift. It also prohibits disciplinary action by employers when healthcare workers refuse to lift a patient because of safety concerns or the unavailability of a lift team. The bill passed the assembly and is being considered by the senate. Experts believe the legislation would be the first of its kind in the nation. Other countries, such as Britain, Australia, Denmark, and Sweden, already have laws preventing healthcare workers from manually lifting patients.

The California Healthcare Association, a hospital industry group, opposes

the bill. In a letter to the Assembly Appropriations Committee, it wrote that hospitals should be free to regulate themselves and that waiting for lift teams is not practical.

Charney dismissed their arguments as excuses. “They’re resistant because they have to spend some money up front,” he says. “It really saves everybody a lot of money.” In an 18-hospital study published last year, Charney found one 500-bed unit reduced injury claims by 69 percent and lost days by 95 percent, yielding a medical cost savings of almost \$700,000. The costs of equipment, training, and staff vary, but an Oregon hospital two years ago spent about \$55,000 on equipment.

In researching lift teams at hospitals, Charney also says he has never heard complaints of lift teams’ response time. In fact, peer review studies show that lift teams save nurses time: about 1.5 hours per shift. Most teams carry pagers that the

RNs call, or schedule routine visits for the nurses to plan around, or both.

Kaiser Permanente deployed lift teams systemwide, the first hospital chain to do so, in 2002 and 2003 after a pilot program met with rave reviews by both healthcare workers and patients. “It’s well worth the investment,” says Nitasha Lal, an environmental, health and safety specialist who is in charge of Kaiser’s California lift teams. Lal’s mother is an RN who hurt her back at work. “One nurse said to me, ‘This is the best thing that’s ever happened to nursing.’” Lal also pointed out that lift teams can be used as a recruitment tool and ease staffing shortages by helping keep the staff that hospitals already have.

Whatley wonders where she would be now if she had had access to a lift team. “If we had a lift team even just for the ICUs, gosh, what a load off,” she says wistfully. “If we could just do the nursing and the medication and take care of the patient and watch their numbers, it’d be wonderful. Everyone in there that I can think of has a bad back.” ■

**“This is the best thing that’s ever happened to nursing.”**



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