

Preface



Audrey Nelson, PhD, RN, FAAN
Guest Editor

Critical care nurses perform many patient handling tasks that impose significant risks for patients and themselves. Unfortunately, efforts to reduce injuries associated with patient handling have been based on tradition and personal experience rather than scientific evidence. The purpose of this issue is to provide an overview of the scope of the problem in critical care settings, identify high-risk tasks associated with critical care nursing, examine risk assessment protocols, and summarize current evidence for interventions designed to reduce injuries associated with patient handling.

Little is published about the scope of the problem with safe patient handling in critical care settings. In their article, “Workload and Patient Safety Among Critical Care Nurses,” Drs. Carayon and Alvarado describe the effects of physical workload associated with patient handling in critical care and link this workload to key outcomes, such as nurse health and safety, quality of working life, and patient safety. This is one of the first efforts to characterize the physical demands of critical care nursing practice.

Although several articles have been published about the risks associated with patient handling tasks in nursing, two articles in this issue focus on critical care nursing. The first article, “Patient Handling Tasks with High Risk for Musculoskeletal Disorders in Critical Care,” focuses on physical stressors experienced by critical care nurses in

their everyday practice. Several risk factors associated with specific high-risk patient handling tasks in critical care settings are described, and solutions for reducing risk for work-related musculoskeletal injuries are presented. In the second article, “Psychosocial Factors in Musculoskeletal Disorders,” Dr. Menzel focuses on the psychosocial risk factors, such as job strain, social support at work, and job dissatisfaction. These factors not only contribute to job-related injuries but also are pivotal in the transition from acute to chronic pain and the development of disability. Interventions to prevent musculoskeletal disorder incidence and address psychosocial risk factors for delayed recovery are described.

Evidence is just now emerging regarding ergonomic assessments of critical care work environments. In “Ergonomic Assessment of a Critical Care Unit,” findings from a recently completed qualitative study are presented. An ergonomic workplace assessment protocol was used to assess a medical intensive care unit. This approach may be useful in other critical care settings to identify risks. Another article, “Evaluation of Critical Care Space Requirements for Three Frequent and High-Risk Tasks,” describes a series of functional space experiments conducted in Great Britain using clinical scenarios to test the spatial requirements for a bed space (single or shared room) in critical care settings. Results from this

new study provide recommendations for minimum space needs to perform critical care nursing tasks safely.

There is a growing body of evidence to support interventions that are effective or show promise in reducing musculoskeletal pain and injuries in care providers. Several articles focus on specific solutions for high-risk patient handling tasks. “Technology Solutions for High-Risk Tasks in Critical Care” provides an overview of new and emerging patient handling equipment. Dr. Garg and his colleagues provide a historic overview of patient handling in their article, “Justification for a Minimal Lift Program in Critical Care.” They propose that use of patient handling technology is the best solution, and policies that support minimal manual lifting are the optimal approach for reducing injuries. In “Sustaining Staff Nurse Support for a Patient Care Ergonomics Program in Critical Care,” management concepts from marketing and business sources are used to implement new safe patient handling programs successfully. Another article, “Safe Patient Handling Program in Critical Care Using Peer Leaders: Lessons Learned in The Netherlands” describes a successful national program in the Netherlands, which places a strong emphasis on self-management and empowerment of nurses. They advocate the use of peer leaders on each nursing unit, called ergoCoaches, who act as change agents and promote staff adherence for safe working habits over time. Given that provider

behavior inherently is difficult to change, “Creating a Culture of Change Through Implementation of a Safe Patient Handling Program” focuses on a case study to change the safety culture in one institution, advocating involving employees, partnering with key vendors, engaging change agents at the unit level, and applying persistence and constant re-education to the staff. Lastly, in the article, “Handling of the Bariatric Patient in Critical Care: A Case Study of Lessons Learned,” the special needs of patients who are morbidly obese and in critical care are described. A team of nurses from Canada shares its experience through a case study, including lessons learned, techniques, equipment, and difficulties associated with a bariatric admission to the critical care unit as it relates to the patient handling perspective.

This compilation of articles represents new and emerging research on safe patient handling, specific to the critical care nursing work environment. With the growing shortage of nurses, more resources and intensive efforts are needed to protect critical care nurses and keep them safe as they provide patient care.

Audrey Nelson, PhD, RN, FAAN
Patient Safety Center of Inquiry
James A. Haley VAMC
Tampa, FL 33612-5837, USA

E-mail address: audrey.nelson@va.gov