

Connection between patient and healthcare worker health and safety

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As we join the rest of the world in marking World Patient Safety Day 2020 (adopted at the 72nd World Health Assembly Resolution – WHA 72.6 “Global Action on Patient Safety” in May 2019), it is important to highlight the need to protect the health and safety of both healthcare workers and patients. The impact of COVID-19 on the welfare of healthcare workers emphasises the need to integrate health and safety in global discussions. The World Health Organization’s (WHO’s) theme for this year’s event is *Healthcare workers safety: a priority for patient safety*.

Over 160 years ago, Florence Nightingale said, “The very first requirement in a hospital is that it should do the sick no harm”.¹ This principle is as pertinent today as it was then. The question is – do we apply this rule in health facilities? Are we comfortable when we send our loved ones to healthcare facilities for treatment? Do healthcare workers feel safe in these facilities? These and many more questions beg for answers.

As much as we advocate for the safety of patients, we also need to remember that healthcare facilities are workplaces first, before being places where patients receive care. The health and safety of healthcare workers should be a very important item in conversations about patient safety. If we cannot guarantee the health and safety of healthcare workers, patient health and safety could be jeopardised. The multidisciplinary nature and complexity of health systems means that patient health and safety depend on many variables, making it difficult to give credit to any single profession within the system. Patient outcomes are the results of joint efforts of all employees. This is one of the reasons that we advocate that safety must spread from the boardroom to the bedside, to the household yard gate, and beyond.

According to the WHO, healthcare facilities employ more than 59 million workers, globally.² These workers are exposed to a complex variety of health and safety hazards, daily. Lately, the issue of psychosocial hazards in the healthcare sector has grown exponentially, indicating the increasing risk of patient harm. In addition, there are increasing rates of workplace violence against healthcare workers by patients and patients’ family members. Healthcare workers are at risk of violence across the world: between 8% and 38% of healthcare workers suffer physical violence at some point in their careers.³ According to a 2014 report from the US Bureau for Labor Statistics, 52% of reported workplace violence occurred in healthcare.³ The Emergency Nurses Association Survey of November 2011 found that one in 10 emergency room nurses had suffered some form of physical violence in a period of one week.^{4,5} This is the enormity of the concern.

According to Dr Teryl Nuckols, an internist and assistant professor at David Geffen School of Medicine, University of California, in Los Angeles, “Residents are working more than 30 hours at a single stretch and often times forgo sleep entirely”.⁶ In many

healthcare systems across the world, there seems to be a prohibition on ‘mandatory’ healthcare worker overtime but nothing is mentioned about ‘voluntary’ healthcare worker overtime.⁷⁻⁹

The poor infrastructural design in most healthcare facilities also poses certain levels of risks to healthcare workers. For example, a number of multiple floors facilities have no elevators or ramps. Healthcare workers are made to lift patients or, in some instances, support patients to climb stairs, resulting in slips, trips and falls, harming both healthcare workers and patients. The 2017 US Bureau of Labor Statistics report stated that slips, trips and falls are the second most common cause of lost work-day injuries in hospitals.¹⁰ Advocacy for safety planning at the design stage of healthcare facilities is a new conversation.

We appeal to all employers within the healthcare sector, the government, and regulatory agencies to look closely into the issues of healthcare workers’ safety and protection. The healthcare work environment is highly infectious and what is needed, most of the time, is mitigation in the form of safe process designs, improved hygiene practices, use of personal protective equipment, and vaccination of healthcare workers against infectious diseases. In many cases, there is an absence of duty of care from the employers. During the 2014 Ebola outbreak in west Africa, 401 healthcare workers were infected, and 232 healthcare worker deaths were recorded.¹¹

In Africa, healthcare workers have been hit hard by the COVID-19 pandemic, with more than 10 000 of them having been infected.^{12,13} Dr Moeti (WHO regional director for Africa) highlighted that the protection and care of healthcare workers is our collective responsibility: “Doctors, nurses and other health professionals are our mothers, brothers and sisters. They are helping to save lives endangered by COVID-19.”¹³

The world is already experiencing a high shortage in healthcare workers. The increasing rate of harm, poor welfare and absence of social safety nets and protection will further increase healthcare worker shortages by making the sector an unattractive employment option. Our recommendations, as we mark this year’s World Patient Safety Day, is for advocacy for the right kind of leadership, and for empathy to be an integral part of the healthcare system globally. The existing defensive culture should be replaced with a just and transparent culture, without the blame-game that is played when things go wrong.

In light of this, existing health legislation should be reviewed, and policymakers need to stand up for change. Healthcare technology companies can contribute to change by designing safe equipment, using safe new technologies. Healthcare workers themselves can bring about change through competency improvement and by giving due consideration to patient health and safety. Patient wellbeing must be at the center of their care, and be involved in treatment decisions.

REFERENCES

1. A nurse's determination to "Do the sick no harm" – achieving interoperability inside of the hospital. West Health; undated. Available from: <https://www.westhealth.org/a-nurses-determination-to-do-the-sick-no-harm-achieving-interoperability-inside-of-the-hospital/> (accessed 3 Oct 2020).
2. World Health Organization. Working together for health. The World Health Report 2006. Chapter 1. Health workers: a global profile. Geneva: WHO; 2006. Available from: https://www.who.int/whr/2006/06_chap1_en.pdf (accessed 3 Oct 2020).
3. World Health Organization. Violence and injury prevention. Violence against health workers. Geneva: WHO; undated. Available from: https://www.who.int/violence_injury_prevention/violence/workplace/en/ (accessed 3 Oct 2020).
4. Emergency nurses association: workplace violence against emergency nurses remains high, according to new report. Massachusetts Nurses Association; 2011 Feb 11. Available from: <https://www.massnurses.org/news-and-events/archive/2011/p/openItem/6693> (accessed 3 Oct 2020).
5. Smith S. Nurses testify for national standard to prevent workplace violence in healthcare settings. EHS Today; 2017 Jan 10. Available from: <https://www.ehstoday.com/standards/osha/article/21918176/nurses-testify-for-national-standard-to-prevent-workplace-violence-in-healthcare-settings> (accessed 3 Oct 2020).
6. Sharples T. Are medical students worked too hard? Time; 2019 May 21. Available from: <http://content.time.com/time/health/article/0,8599,1900374,00.html> (accessed 2 Oct 2020).
7. Sung-Heui B, Yoon, J. Impact of states' nurse work hour regulation on overtime practices and work hours among registered nurses. Health Serv Res. 2014; 49(5):1638-1658. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4213053/> (accessed 3 October 2020).
8. Gordon LK. Nursing overtime: the good, the bad, the OMG! Elite Healthcare; 2018 Oct 5. Available from: <https://www.elitecme.com/resource-center/nursing/nursing-overtime-the-good-the-bad-the-omg> (accessed 3 Oct 2020).
9. Mandated vs voluntary overtime in shift work operations. Circadian; undated. Available from: <https://www.circadian.com/blog/item/26-mandated-vs-voluntary-overtime-in-shift-work-operations.html> (accessed 3 Oct 2020).
10. Dressner MA. Hospital workers: an assessment of occupational injuries and illnesses. Monthly Labor Review; 2017. Available from: <https://www.bls.gov/opub/mlr/2017/article/hospital-workers-an-assessment-of-occupational-injuries-and-illnesses.htm> (accessed 3 Oct 2020).
11. Epidemiological update: outbreak of Ebola virus disease in West Africa, 9 October 2014. European Centre for Disease Prevention and Control; 9 Oct 2014. Available from: <https://www.ecdc.europa.eu/en/news-events/epidemiological-update-outbreak-ebola-virus-disease-west-africa-9-october-2014> (accessed 3 Oct 2020).
12. World Health Organization. Over 10 000 health workers in Africa infected with COVID-19. WHO; 2020 Jul 23. Available from: <https://www.afro.who.int/news/over-10-000-health-workers-africa-infected-covid-19> (accessed 3 Oct 2020).
13. Nkanjeni U. Emotional scenes as nurses honour one of their own who died of Covid-19. Sowetan Live; 2020 Aug 4. Available from: <https://www.sowetanlive.co.za/news/africa/2020-08-04-watch-emotional-scenes-as-nurses-honour-one-of-their-own-who-died-of-covid-19/> (accessed 3 Oct 2020).