

# Safety Risks for Clinicians: Moving Patients

It's hard to believe that being a nurse can be more hazardous to your physical well-being than being a construction worker – but it's true. Nursing aides, orderlies, and attendants ranked second in a US Department of Labor ranking of occupations at-risk to strains and sprains, behind only truck drivers. RN's were sixth on that list, beating out both construction workers and agriculture workers.

Of primary concern among the various possible sprains and strains for nurses are back injuries. These can be particularly debilitating for a hospital or nursing home worker whose main job involves helping patients transfer to and from beds and chairs or recliners in their room. In 2001, for cases involving days away from work among registered nurses (total of 24,719), 4,547 were categorized as overexertion in lifting and 14,832 were listed as sprains or strains. Nearly one-sixth of all the days lost for RN's in 2001 were caused by too much lifting; and with back injuries being unpredictable and often notoriously slow healers, a strained back can leave a nurse unable to work indefinitely.

Additionally, estimates for the year 2000 show that the incidence rate for back injuries involving lost work days was 181.6 per 10,000 full-time workers in nursing homes and 90.1 per 10,000 full-time workers in hospitals, whereas comparative incidence rates per 10,000 full-time workers were 98.4 for truck drivers, 70.0 for construction workers, 56.3 for miners, and 47.1 for agriculture workers. That's mind-boggling – it's considerably more dangerous, in terms of back injuries, to be a nurse than it is to be a miner or a construction worker. These back injuries are no surprise however, when you realize that nurses on average lift nearly 1.8 cumulative tons during a single shift. From helping patients transfer from bed to recliner, to pulling them up in bed or supporting their body weight on the way to the shower, nurses and caregivers are constantly exerting themselves and being put in awkward physical positions, and it's in these awkward physical positions that injuries are most likely to occur.

To make matters worse, the average nurse is in their mid to late forties, and thus more susceptible to both injuries and longer recovery times. This aging workforce has implications for nurses' work environments. The loss of strength and agility that often accompanies aging affects the ease with which nurses can perform patient care activities that require them to turn, lift, or provide weight-bearing support to patients. Focus groups of nurses have revealed that, among nurses who plan to stay in the field, many are concerned that they will be unable to do so as they age because of the heavy physical demands of the job.

The physically demanding nature of their work combined with their increasingly fragile physical condition makes the need for easier patient transfers even more apparent. Studies have shown that 18% of patient falls occurred with transfers to and from the bed or chair – by making this transfer easier, the patient room gets a whole lot safer.

These concerns are addressed in Eileen Malone and Barbara Dellinger's Evidence-Based Design Furniture Checklist. Two points on their eight point checklist are particularly relevant to a conversation involving furniture's effect on patient and caregiver safety:

- 1.) Reduce patient falls and associated injuries.
- 2.) Decrease patient, family member, and staff stress and fatigue.

Please read their research for a well-rounded look into how furniture design can affect healthcare outcomes, and help prevent the far-too-commonplace injuries today's nurses suffer from. After all, a healthy and physically comfortable nurse does his or her job better, and helps deliver better healthcare outcomes to their patients.

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