

BIOETHICS CASE STUDY*
Nurses, Ethics, and Workplace Protections

Please:

1. **identify** concerns and explain them using ethical concepts, principles, and theories;
2. make an ethical argument for what should be done and why, using ethical concepts, principles, and theories.

According to surveys by the Department of Labor's Bureau of Labor Statistics (BLS), there are more than 35,000 back and other injuries among nursing employees every year, severe enough that they have to miss work. The overwhelming majority of these injuries are sustained by nurses moving and lifting patients. In terms of sheer number of these injuries, BLS data show that nursing assistants are injured more than any other occupation, followed by warehouse workers, truckers, stock clerks and registered nurses.

A number of factors contribute to the problem. For years studies carried out by university and government researchers have shown that traditional advice on how to move patients — bend your knees and keep your back straight, using "proper body mechanics" — is dangerous. Yet better education and training of nursing staff, especially aides, have been lacking. At the same time, the size of patients is increasing. As one nurse notes, "A 250- to 300-pound patient can be very common in our unit. And to even be able to lift their leg is probably 60, 70 pounds." In addition, most patients staying in hospitals today are sicker than the patients of 20 years ago because more people get care in outpatient clinics, saving inpatient beds for those who most need skilled care. From a financial perspective, there's a push to get these patients up and walking (and discharged) as soon as possible. This ends up putting pressure on those working at the bedside. Some people—health professionals and academics—maintain, moreover, that nurses have traditionally ranked low in the hospital industry's hierarchy. "Too many hospital administrators see nursing staff as second-class citizens," says Suzanne Gordon, author of *Nursing Against the Odds*. "Historically, hospital administrators have viewed nurses as a disposable labor force."

A few hospitals, including the Baptist Health System in Florida and medical centers in the Department of Veterans Affairs, report that they have reduced lifting injuries among nursing staff by up to 80 percent — using an approach often called "safe patient handling" which involves special machinery to lift patients. The hospitals also provide intensive training for staff.

At Kaiser Permanente's Walnut Creek Hospital in California, though, some ICU nurses kept warning Kaiser managers that they needed help. They had one lifting machine, but often when the nurses needed it, they would discover that some other unit had borrowed it, or it was stuck behind cleaning equipment in a distant closet. Or the machine's battery was dead. And when they would urgently request a lift team, they would learn that none was available because the team members had been reassigned to other duties.

Every day you call and say, “We don't have anybody to help us,” reported one nurse, Kaci Moore, who is now on long-term disability and re-trained to be a coder for a local bank’s website, because of a back injury. "And again it would be the same thing every single day, being jerked around. And by the end of the day, nobody ever came to help us." NPR obtained documents that corroborate that. For example, five nursing employees signed a memo to management: "No lift team... Unable to turn patients due to no available workers." Another memo a few days later: "No lift team." And another memo: "ICU patients are in excess of 3 to 400 pounds... No lift team." Nurse Moore also noted that one of her former colleagues who was badly injured struggled with dependence on pain medication and is still unemployed.

Meanwhile, Kaiser managers were keeping their own records that showed employees kept getting hurt. (Federal law requires businesses to keep records via Form 300 — the Log of Work-Related Injuries and Illness.) Then, the state of California put into effect the Hospital Patient and Health Care Worker Injury Protection Act. The law, which had been pushed for years by the California Nurses Association union and public health groups, specifically requires hospitals to protect nursing staff from getting hurt lifting patients. Nine other states have passed similar measures.

Within days, nursing employees at Walnut Creek had filed a complaint with the state, alleging that Kaiser was violating the law. That brought a state investigator from the state of California's Division of Occupational Safety and Health to meet with key Kaiser managers and representatives from the nurses’ union. In the meeting, Walnut Creek’s CEO and senior administrative team told the investigators that the hospital had “no problems” with nurse injuries from lifting patients. The CEO turned to the head of the hospital’s nursing staff and asked her to corroborate. She refused – “I’m sorry that’s just not true” – and instead, provided the data she had compiled to the investigators about the extent of the problem.

Meanwhile at the federal level, David Michaels, the assistant secretary of Labor who heads the U.S. Occupational Safety and Health Administration (OSHA), argues that OSHA's powers have been so limited by Congress and court decisions that the agency can do little to require hospitals to protect nursing employees. In addition, with a growing number of states passing so-called “right to work” laws to diminish the power of unions, the ability of nurses to organize and advocate for reform is becoming more difficult.

***Adapted from a story aired on *National Public Radio*, Feb 4, 2015, by Daniel Zwerdling**