### MYTHS AND REALITIES 6, 7, 8

<table>
<thead>
<tr>
<th>Myth</th>
<th>Reality</th>
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<tbody>
<tr>
<td>Proper body mechanics (including the use of gait belts) prevent patient handling injuries.</td>
<td>Decades of research shows that “proper” body mechanics are not an effective way to reduce injuries. There is no such thing as safe manual lifting.</td>
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<tr>
<td>SPHM technology is not affordable.</td>
<td>The benefits of SPHM include a rapid return-on-investment; savings associated with reduced healthcare worker and healthcare recipient injuries far outweigh the costs.</td>
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<tr>
<td>Smaller, lighter healthcare recipients do not warrant use of SPHM technology.</td>
<td>ANA recommends policies and practices that lead to the elimination of all manual lifting. NIOSH recommends lifting no more than 35 pounds, under the best ergonomic conditions.</td>
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<tr>
<td>Healthcare workers who are physically fit are less likely to be injured.</td>
<td>Research does not support this. Good health and strength may actually put healthcare workers at increased risk because their peers are much more likely to seek their assistance when manually lifting healthcare recipients.</td>
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<tr>
<td>It’s much faster to manually move healthcare recipients than to take the time to get SPHM technology.</td>
<td>If SPHM technology is located conveniently, accessing it will not take a long time. It is often more time consuming to round up a team of colleagues to manually lift a healthcare recipient than it is to get the SPHM technology.</td>
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<tr>
<td>Manual lifting is safer and more comfortable for healthcare recipients.</td>
<td>It is the role of the healthcare workers to teach and explain that the use of the technology is safer and more convenient for both healthcare recipients and healthcare workers.</td>
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<tr>
<td>The majority of the time, manually lifting or transferring health care recipients does not result in injury.</td>
<td>Manual lifting results in micro-injuries to the spine. Although the healthcare worker may not feel the effects immediately, cumulative micro-injuries can result in a debilitating injury.</td>
</tr>
<tr>
<td>Using SPHM technology feels impersonal.</td>
<td>Safety and quality of care are the goals. Healthcare workers can effectively use SPHM technology while incorporating the professional values of respect, dignity, and caring.</td>
</tr>
</tbody>
</table>

### ADDITIONAL SUGGESTED RESOURCES

- **Facilities Guidelines Institute** - PHAMA White Paper
- **International Organization for Standardization** - Ergonomics: Manual Handling of People in the Healthcare Sector
- **Joint Commission** - Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration and Innovation
- **National Institute of Occupational Safety and Health** - Safe Patient Handling Nursing School Curriculum Module
- **Occupational Safety and Health Administration** - Guidelines for Nursing Homes: Ergonomics for the Prevention of MSDs
- **U. S. Department of Veterans Affairs** - Safe Patient Handling and Movement Resource Page

### REFERENCES

Nurses and other healthcare workers face many hazards in their work environments. In fact, healthcare and social assistance workers experience the highest rate of non-fatal occupational injuries and illnesses of any industry sector, including manufacturing and construction.  

Every day, nurses and other healthcare workers suffer debilitating and often career-ending musculoskeletal disorders (MSDs). Results from a recent American Nurses Association survey outline the scope of this problem:  

- 62% of nurses reported “developing a disabling musculoskeletal disorder” as a top health and safety concern.  
- 56% of nurses say they have experienced musculoskeletal pain that was made worse by their job.  
- 80% of nurses reporting pain from MSDs reported working despite experiencing frequent pain.

More than any other work-related injury or illness, MSDs are responsible for lost work time, the need for long-term medical care, and permanent disability among healthcare workers.

Research has clearly identified the risk factors: repeated and forceful movements associated with patient care activities lead to serious health problems for healthcare workers.  

The most common tasks that lead to injury are patient:  
- lifting  
- transferring  
- repositioning

Safe Patient Handling and Mobility (SPHM) programs reduce the risk of injury for healthcare workers and healthcare recipients while improving the quality of care across the care continuum. Successful SPHM programs have reduced the incidence of healthcare worker injuries by up to 95%. The use of technology, especially lifting devices, is critical to the success of these programs.

In addition to reducing healthcare injuries, SPHM programs have many other benefits, including:  
- Improved quality of care  
- Improved healthcare recipient mobility  
- Decrease in healthcare recipient falls and pressure ulcers  
- Increase in healthcare recipient satisfaction  
- Increase in healthcare worker satisfaction  
- Savings due to reductions in:  
  - workers’ compensation  
  - healthcare recipient falls and pressure ulcers  
  - employee turnover

Safe Patient Handling and Mobility: Interprofessional National Standards

SPHM has been a priority for ANA for many years. In 2003, ANA launched the Handle with Care Program® to mount an industry-wide effort to prevent injuries and MSDs.  

Most recently, ANA led the development of national interdisciplinary SPHM standards. The goal of the standards is to establish a uniform, national foundation for SPHM in order to prevent healthcare worker and healthcare recipient injuries, across the care continuum.

The SPHM standards outline the role of both the employer and healthcare workers in SPHM. Key concepts include:  

- Culture of Safety: a collective and sustained commitment to emphasize safety over competing goals.  
- Sustainable SPHM Program: a formal, systematized SPHM program for reducing the risk of injury for healthcare recipients and healthcare workers.  
- Ergonomic Design Principles: a systemized proactive approach that includes prevention considerations in all designs that affect individuals in the occupational environment.  
- SPHM Technology: assistive tools available at the point of care to facilitate SPHM. Technology can include equipment, devices, accessories, software, and multi-media resources.  
- Education, Training, and Maintaining Competence: an effective system of training and education to maintain SPHM competence of healthcare workers who provide direct care.  
- Patient-Centered Assessment: the plan of care adapted to meet the SPHM needs of individual healthcare recipients and specify appropriate SPHM technology and methods.  
- Reasonable Accommodation and Post-Injury Return to Work: a comprehensive SPHM program that can help employer provide reasonable accommodations to healthcare workers who were injured.  
- Comprehensive Evaluation System: a system to evaluate SPHM program status, using staff performance, staff injury incidence and severity, and healthcare recipient outcome metrics.