

Soteria Strains – Perception Survey Results

October 10, 2013



soteria

STRAINS

A provincial strategy for healthcare workplace musculoskeletal injury prevention.

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Executive Summary

This report was created to highlight the responses of the 2013 Soteria Strains perception survey for a cross section of staff (e.g., front-line, support and supervisory) that assist patients to move as part of their job. The development of the perception survey instrument used to collect the data presented here was based on a comprehensive scan of leading practice literature and evidence from provincial, national and international sources. In addition, an in-depth and deliberate engagement strategy was utilized during the development of this instrument to ensure all relevant topics and considerations were included. This engagement strategy resulted in the identification of a number of critical areas and some of the terminology that the Soteria working group has included (i.e., assisting patients to move). The results of this survey will be used in conjunction with other engagement resources to develop a comprehensive program to safely assist patients to move.

The participation rate for this survey surpassed our expectations with almost eighteen hundred responses (N = 1799) which approximated representation from the nine District Health Authorities and the IWK. A large number of respondents reported previous discomfort and a variety of adverse outcomes associated with the activity of *assisting patients to move*.

Although most participants were able to report that they were aware of some basic occupational health and safety related concepts, there is room to improve knowledge of general occupational health and safety related responsibilities and existence of joint occupational health and safety committees.

The majority of respondents supported the fundamental assumption that equipment should be used when assisting patients to move and that their organization supported this philosophy. Although respondents felt that their health care organization supported the use of equipment when assisting patients to move, there was a perception that equipment was not always accessible and that there is not enough equipment available. Respondents were also less clear if they could be held responsible for not using equipment when they should. Some relationships between workload and equipment usage were identified.

The relationship between a perceived reduction in dignity associated with the process of using equipment when assisting a patient to move was less clear and requires some additional investigation. Specifically, the role of the patient's family in this process is an area for future investigation.

Perceptions of front-line supervisors' role in communicating the importance of safely assisting patients to move were diverse; however the majority of safety climate and motivational items were consistent and positive. The remainder of this report presents the detailed information gleaned from the 2013 perception survey for Soteria Strains.

Section One: Background

Purpose of survey

One goal of Soteria Strains is to define a baseline for the cultural environment and identify possible opportunities and barriers for the success and sustainability of the Soteria Strains initiative. With this goal in mind, a perception survey was created to better understand existing perceptions and beliefs associated with the behaviour of *assisting patients to move*.¹

A thorough review of current evidence based practice identified eleven key elements to successful safe patient lift, transfer and repositioning programs. This evidence guided the selection of categories and specific items for the perception survey. For example, evidence based practice clearly supports the use of lift equipment; therefore there are items to identify beliefs, attitudes, and reported behaviours towards various aspects of equipment use.

Structure

The Survey was designed to be administered in 15-20 minutes in either an online or paper format. Sections included were:

Demographics: The intent is to balance the need for information while ensuring privacy and the perception of privacy. Metrics assessed included, but were not limited to occupational group, tenure, age and gender.

Acceptability: Assessing organizational/group norms as potential drivers or barriers of safe lift, transfer or repositioning activities.

Job Demands: Assessing certain work factors (workload) as a potential driver or barrier.

Safety Behaviours: Determining if global safety behaviours are important when attempting to predict safe lift, transfer and repositioning behaviours.

Dignity: Assessing the impact of perceptions of patient dignity (reduced) and compliance with safe lift, transfer and repositioning activities.

Other Perceptions: Assessing the impact of other factors such as safe lift, transfer and repositioning education and overall comfort with processes.

¹ The term “assisting patients to move” was selected based on feedback from one of our largest labour unions which was engaged early in the development phase.

Section Two: Results-Demographics

Sample Size

A total of N = 1799 individuals responded to the online (N = 1677) and paper/pencil (N = 98) versions of the Soteria perception survey. Forty-four cases were removed as they were missing over 95% of available responses to items. This resulted in a final data set of N = 1755. Since we were primarily interested with staff that had direct patient contact or “assisted patients to move” as part of their job, we also excluded an additional N = 315 cases that reported not assisting patients to move. This resulted in a final data set of N = 1335.

The representation of the sample from each District Health Authority (DHA) approximated the overall provincial representation of employee counts as identified from each healthcare organization. Complete DHA counts and sample descriptive information can be located in Appendix A, Table 10.

Sample Characteristics

The majority of respondents reported being female (90%), over the age of thirty-five (79.1%) and employed full-time (71.5%). The two most common responses for organizational tenure selected were “more than 25 years” (N = 273 or 20.7%) and the “6-10 year” (N = 229 or 17.3%) categories. Detailed descriptions of all responses in these sections can be located in Appendix A, Tables 13, 14, 15, and 16.

Job Categories and roles

The most common job categories reported were Registered Nurse (N = 561 or 42.4%), Licensed Practical Nurse (N = 217 or 16.4%), Diagnostic Imaging (N = 108 or 8.1%), Physiotherapist (N = 97 or 7.3%) and Continuing Care Assistant (N = 47 or 3.5%).

Individuals reported their organizational role as front-line staff (N = 1092); however the data set also includes support staff (N = 139), managers (N = 25), and supervisors (N = 25). A detailed list of all responses associated with job categories and roles can be located in Appendix A, Table 11 and 12.

Self reported adverse outcomes associated with assisting patients to move

The Soteria-Strains working group also identified discomfort associated with assisting patients to move as an important consideration for our future program development. Based on existing injury/illness trends specific to healthcare worker populations, we included the seven injuries associated with patient handling activities. These included back, shoulder, neck, wrist, knee, hip and hand injuries. Table 1 overviews responses to previous discomfort associated with assisting patients to move.

Table 1: Self Reported Discomfort Experienced by Respondents

Self Reported Discomfort	Total Respondents (#)	Percentage of Overall Respondents (%)
Back Discomfort	1012	75.8
Neck Discomfort	44	3.3
Knee Discomfort	231	17.3
Wrist Discomfort	233	17.5
Shoulder Discomfort	614	46.0
Hip Discomfort	207	15.5

The Soteria Strains working group also identified previous adverse outcomes associated with assisting patients to move as an important consideration for future program development. Based on existing evidence and conversations with front-line staff, healthcare organization leadership, labour unions, and a variety of subject matter experts we identified seven factors which were included in this section. These factors include an injury which did not result in a loss time, an injury which resulted in loss time, stress, reduced job satisfaction, conflict with co-workers, conflict with patients and conflict with patient families all associated with assisting a patient to move. Table 2 overviews responses to self reported adverse outcomes associated with assisting patients to move.

Table 2: Adverse Outcomes Experienced by Respondents

Adverse Outcomes	Total Respondents (#)	Percentage of Overall Respondents (%)
Injury - No Lost Time	736	55.1
Injury - Lost Time	322	24.1
Stress Related to Assisting Patients to Move	283	21.2
Reduced Job Satisfaction	241	18.1
Conflict with Co-Worker	249	18.7
Conflict with Patients	228	17.1
Conflict with Family of Patients	174	13.0

Knowledge of occupational health and safety concepts

Ten percent of respondents reported not knowing about their general health and safety responsibilities, over sixteen percent reported not knowing if they had a joint occupational health and safety committee and over thirty-one percent report not knowing if they had a patient handling policy in their organization. Detailed results for this section are presented in Appendix A, Tables 17, 18 and 19.

Section Three-Results: Perceptions, Attitudes and Beliefs

This section includes all results for a seven categories of perceptions, attitudes and beliefs which include, (1) acceptability, (2) workload, (3) dignity, (4) self-reported safety behaviours, (5) equipment, (6) individual factors and (7) safety climate/motivation.

For ease of interpretation, the Likert-style anchors for “strongly agree” and “slightly agree” have been combined into one “agree” category and the “strongly disagree” and “disagree” have been combined into a “disagree” category. All “neutral” responses remain the same as a separate category. This limits the responses to three categories (1) Agree, (2) Neutral, and (3) Disagree.

Acceptability

Six items were designed to access the perceptions of organizational norms and culture. The majority (78%) of respondents disagreed that it was acceptable to **not** use the recommended equipment when assisting patients to move. The majority (70.7%) of the respondents felt their organization supported the utilization of patient handling equipment and that the respondents felt that they could encourage a co-worker to utilize patient handling equipment (82.2%).

While (55.2%) of respondents were unsure if they could be, or felt that they could not be disciplined for not using the recommended patient handling equipment. Detailed responses for the *acceptability* related items are located in Table 3.

Table 3: Perceptions of Acceptability

Perception Survey Item	Disagree (%)	Neutral (%)	Agree (%)	Total Respondents (N)
It is acceptable not to use recommended equipment when assisting patients to move	78.0	9.0	13.0	1286
My co-workers use the proper equipment when assisting patients to move	16.8	18.5	64.7	1285
I can be disciplined for not using recommended equipment when assisting patients to move	23.5	31.7	44.8	1285
The culture in this organization supports the use of equipment	16.0	13.3	70.7	1283
In our unit it is acceptable to encourage co-workers to use recommended equipment	6.7	11.1	82.2	1281
It is acceptable to challenge colleagues that do not follow safe work practices	13.7	20.0	66.3	1260

Workload

Two items designed to assess perceptions of workload and job demands were included in this section. The majority (74.2%) of respondents agreed that they are permitted to take extra time to ensure patients are safe when assisting them to move; however half (49.9%) of the respondents agreed that work pressures reduced the likelihood of using recommended equipment. Detailed results for the *workload* related items are located in Table 4 below.

Table 4: Perceptions of Workload and Assisting Patients to Move

Perception Survey Item	Disagree (%)	Neutral (%)	Agree (%)	Total Respondents (N)
I am permitted to take extra time to ensure patients are safe during patient handling activities	15.4	10.4	74.2	1276
Work pressures reduce the likelihood of using patient handling equipment	35.7	14.4	49.9	1273

Dignity

Six items designed to assess the perceptions of maintaining dignity of patients while assisting them to move. The majority of respondents (91.3%) felt that in theory a patient's dignity could be maintained while they were assisting them to move, however this number is reduced (64.8%) when they consider the process of assisting patient's to move. Most respondents (87.4%) disagreed that using lifting equipment results in less compassionate care for patients.

Respondents were split on their responses to perceptions related to the patient's family. Almost half (48.2%) of respondents would ask family members to leave the room to maintain the patient's dignity. Over half (54.8%) of respondents disagreed that a patient's family did not want them to use lifting equipment to assist their loved one to move. Detailed results of the responses to the *dignity* perceptions can be found in Table 5.

Table 5: Perceptions of Dignity

Perception Survey Item	Disagree (%)	Neutral (%)	Agree (%)	Total Respondents (N)
Using lifting equipment when assisting patients to move is not dignifying to patients	64.8	15.5	19.6	1240
I ask family to leave the room if I use lifting equipment to assist patients to move	18.1	33.7	48.2	1225
I would use lifting equipment to assist patients to move if there were others in the room besides the patient	20.1	25.3	54.5	1228
Using lifting equipment to assist patients to move results in less compassionate care	87.4	9.0	3.6	1226
A patient's dignity can be respected when using lifting equipment to assist patients to move	3.1	5.6	91.3	1223
Families of the patient do not want me to use lifting equipment to assist their loved one to move	54.8	32.8	12.5	1218

Self-Reported Safety Behaviours

Thirteen items targeted to assess the broad perceptions (not solely related to assisting patient's to move) of safety behaviours at work. The predominant response of participants (41.2% - Often, 49.7% - Always) felt they ensured the highest level of safety when they carried out their jobs. The majority of respondents (38.2% - Often, 40.2% -Always) perceive that they use all the necessary safety equipment to perform their job.

The majority of respondents' perceptions of violations to occupational health and safety rules and safe work procedures returned a "never" response (I ignore workplace safety to get the job done – 57.9%; I carry out activities which are contrary to safe work methods – 55.2%; I bend the health and safety rules to achieve a target – 62.5%; I break health and safety rules due to management pressure – 67.6%). While these perceptions are generally positive responses, between 32-45% of respondents at some point have perceived violating the occupational health and safety rules and/or safe work procedures. Refer to Table 6 for detailed responses to the thirteen safety behaviour items.

Table 6: Perceptions related to Self-Reported Safety Behaviours

Perception Survey Item	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Always (%)	Total Respondents (N)
I promote worker safety within my organization	0.4	2.0	16.5	43.5	37.6	1257
I put in extra effort to improve the safety of the workplace	0.3	4.5	29.9	38.7	26.5	1253
I voluntarily carry out tasks or activities that help improve workplace safety	1.5	7.4	33.2	36.6	21.3	1253
I use all the necessary safety equipment (e.g., ceiling lifts) to do my job	2.5	3.9	15.1	38.2	40.2	1250
I use the correct safety procedures for carrying out my job	0.1	0.9	8.2	43.4	47.4	1253
I ensure the highest levels of safety when I carry out my job	0.1	0.9	8.2	41.2	49.7	1248
I take shortcuts which involve little or no risk to my safety	20.0	35.7	31.1	10.6	2.6	1247
I talk about workplace safety with fellow workers	3.4	14.2	39.8	31.6	11.1	1248
I ignore workplace safety to get the job done	57.9	32.1	7.4	2.2	0.5	1251
I encourage fellow workers to work safely	0.9	3.1	22.4	46.3	27.4	1243
I carry out activities which are contrary to safe work methods	55.2	29.3	9.4	4.2	2.0	1250
I bend the health and safety rules to achieve a target	62.5	26.8	8.5	1.6	0.6	1249
I break health and safety rules due to management pressure	67.6	20.0	9.5	2.2	0.6	1248

Equipment

Ten items designed to assess perceptions of a variety of equipment-related factors were included in this section. Overall, respondents reported that equipment is effective at reducing injuries in staff (83.4% agreed) and that they know when they should use equipment to assist patients to move (89.3% agreed).

The perceptions of availability and the amount of equipment to assist patients to move were not as positive with only 52.1% of respondents agreeing that equipment is easily accessible and 42.5% agreeing that there is enough equipment to assist patients to move in their unit.

Detailed results for all *equipment-related* items can be located in Table 7.

Table 7: Perceptions Related to Equipment Used When Assisting Patients to Move

Perception Survey Item	Disagree (%)	Neutral (%)	Agree (%)	Total Respondents (N)
Using equipment to assist patients to move is not effective at reducing injury in staff	83.4	7.0	9.6	1207
I am comfortable using equipment to assist patients to move	7.1	10.6	82.3	1213
My co-workers use equipment to assist patients to move	6.7	13.5	79.8	1207
Equipment to assist patients to move is easily accessible in my organization	33.6	14.3	52.1	1210
Family members are educated on the use of equipment to assist patients to move	34.2	39.3	26.5	1197
I require more training specific to equipment used to assist patients to move	43.4	24.0	32.7	1205
Equipment to assist patients move is always available for use when I need to use it	42.6	16.1	41.2	1210
Equipment used to assist patients to move improves the quality of care	3.1	7.0	89.8	1208
I know when to use equipment to assist patients to move	3.5	7.2	89.3	1201
I feel there is enough equipment to assist patients to move in my unit	40.9	16.6	42.5	1209

Individual factors

Six items designed to assess a variety of individual factors were included in this section. Overall, respondents agreed (86.9%) that injuries associated with assisting patients could be avoided if proper techniques were employed; however the perception of risk associated with the process of assisting patients to move was still relatively high with 66.5% agreeing that they are at risk for injury when assisting patients to move.

The majority of respondents agreed that there is a direct link between personal fitness and work-related injuries (60% agreed with this statement). Interestingly, the majority of respondents felt that they were physically fit (70.6%); however they did not agree that they were fit enough to assist patients to move without the use of equipment (60.2% disagreed with this item).

Forty-two percent of respondents reported that they would sacrifice their own safety to protect a patient from injury associated with falling. Detailed results for all perceptions associated with *individual factors* are located in Table 8 below.

Table 8: Perceptions of Individual Factors Associated with Assisting Patients to Move

Perception Survey Item	Disagree (%)	Neutral (%)	Agree (%)	Total Respondents (N)
If I use proper techniques, I can avoid injuries associated with assisting patients to move	6.9	6.2	86.9	1209
If a patient is falling, I will sacrifice my own safety to protect them	33.7	23.7	42.6	1210
I am at risk for injury associated with assisting patients to move	16.6	16.9	66.5	1201
I am fit enough to assist patients to move without the use of equipment	60.2	19.9	19.9	1206
I consider myself to be physically fit	11.6	17.8	70.6	1210
There is a direct link between personal fitness and risk of work-related injury	17.9	22.1	60.0	1212

Safety Climate and Motivation

Five items designed to assess safety climate and motivation were included in this section. Respondents reported that think it is important to maintain safety at all times (96.8% agreed) and that they put extra effort into maintain their own personal safety at work (96% agreed). A slightly smaller percentage of respondents reported knowing what their health and safety responsibilities are in general (86.3% agreed) or actually reminding others of their responsibility to work safely if they see them breaking safety rules (60.9% agreed). Sixty percent of respondents agreed that their supervisor communicated the importance of safely assisting patients to move. Detailed results for all perceptions associated with *safety climate and motivation* are located in Table 9 below.

Table 9: Perceptions of Safety Climate and Motivation

Perception Survey Item	Disagree (%)	Neutral (%)	Agree (%)	Total Respondents (N)
My supervisor communicates the importance of safely assisting patients to move	17.0	22.1	60.9	1211
I know what my health and safety responsibilities are in general	3.5	10.1	86.3	1213
I feel that it is important to maintain safety at all times	1.0	2.2	96.8	1216
I feel that it is worthwhile to put in effort to maintain or improve my personal safety at work	1.2	2.8	96.0	1210
If I see someone breaking safety procedures I remind them of their responsibility to work safely	7.5	24.5	68.0	1208

Appendix A: Descriptive Data-Soteria Perception Survey

Table 10: Location of Employment of Respondents

Source	Total Respondents (#)	Percentage of Overall Respondents (%)
South Shore District Health Authority	92	6.9
South West District Health Authority	117	8.8
Annapolis Valley District Health Authority	144	10.8
Colchester East Hants Health Authority	45	3.4
Cumberland Health Authority	54	4.0
Pictou County Health Authority	89	6.7
Guysborough Antigonish Strait Health Authority	37	2.8
Cape Breton District Health Authority	118	8.8
Capital District Health Authority	547	41.0
IWK Health Center	82	6.1
Did Not Answer	10	0.7
Total	1335	100.0

Table 11: Occupation of Respondents

Occupation	Total Respondents (#)	Percentage of Overall Respondents (%)
Registered Nurse (RN)	561	42.0
Licensed Practical Nurse (LPN)	217	16.3
Continuing Care Assistant (CCA)	47	3.5
Care Team Assistant (CTA)	20	1.5
Ward Aide/Clerk	29	2.2
Porter	20	1.5
Personal Care Worker (PCW)	2	0.1
Physiotherapist (PT)	97	7.3
Occupational Therapist (OT)	50	3.7
Recreational Therapist (RT)	17	1.3
Pharmacist	2	0.1
Diagnostic Imaging (DI)	108	8.1
Environmental Services	2	0.1
Physician - Specialist	4	0.3
Other	147	11.0
Did Not Answer	12	0.9
Total	1335	100.0

Table 12: Occupational Role of Respondents

Occupational Role	Total Respondents (#)	Percentage of Overall Respondents (%)
Management	25	1.9
Support	139	10.4
Supervisory	25	1.9
Front-Line	1092	81.8
Other	29	2.2
Did Not Answer	25	1.9
Total	1335	100.0

Figure 1: Occupational Role of Respondents

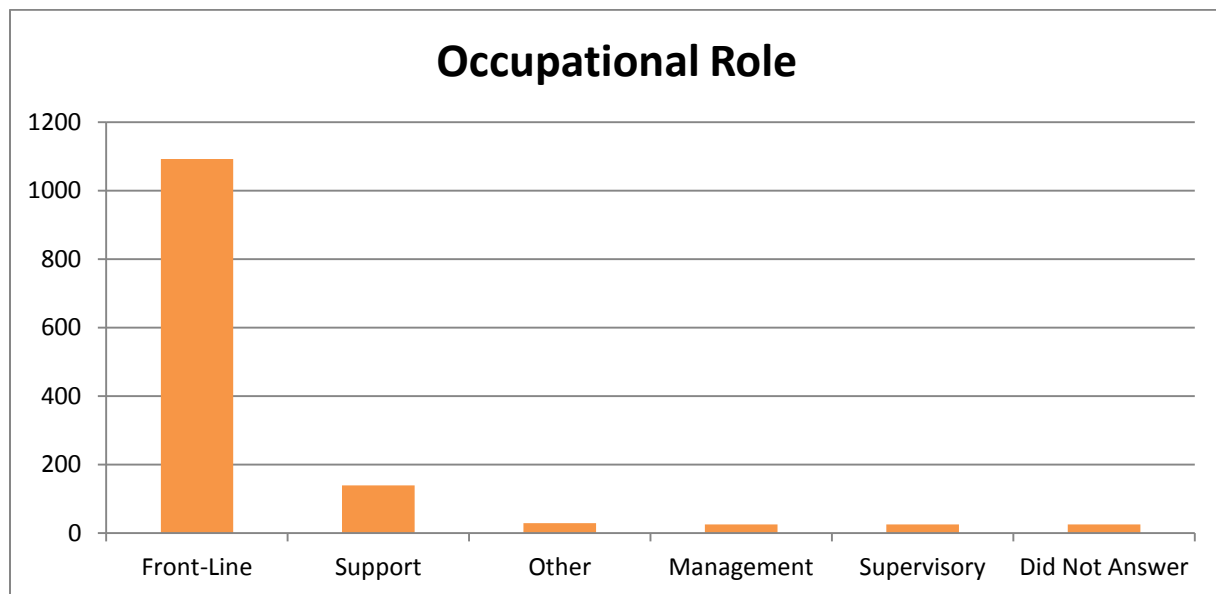


Table 13: Age Range of Respondents

Age Range	Total Respondents (#)	Percentage of Overall Respondents (%)
16-24	39	2.9
25-34	237	17.8
35-44	306	22.9
45-54	506	37.9
55 and Older	234	17.5
Did Not Answer	13	1.0
Total	1335	100.0

Figure 2: Age Range of Respondents

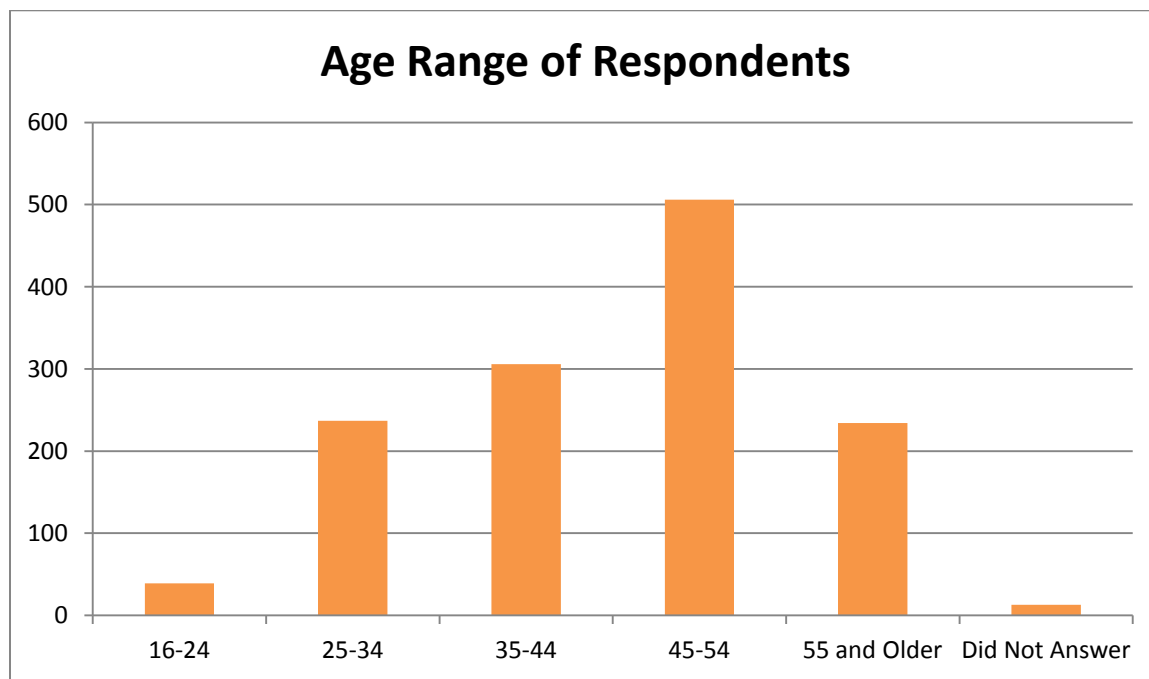


Table 14: Gender of Respondents

Gender	Total Respondents (#)	Percentage of Overall Respondents (%)
Female	1198	89.7
Male	121	9.1
Prefer Not to Say	6	0.4
Missing	10	0.7
Total	1335	100.0

Table 15: Tenure of Respondents

Tenure	Total Respondents (#)	Percentage of Overall Respondents (%)
Less than one year	77	5.8
1 - 2 years	94	7.0
3 - 5 years	193	14.5
6 - 10 years	229	17.2
11 - 15 years	183	13.7
16 - 20 years	103	7.7
21 - 25 years	169	12.7
More than 25 years	273	20.4
Did Not Answer	14	1.0
Total	1335	100.0

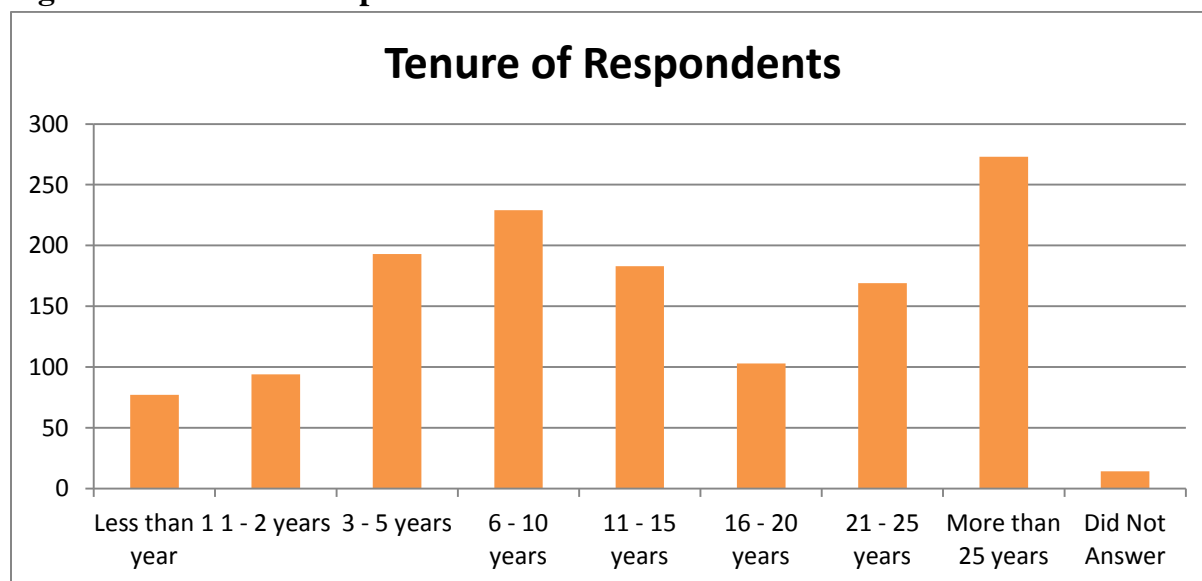
Figure 3: Tenure of Respondents

Table 16: Employment Status of Respondents

Employment Status	Total Respondents (#)	Percentage of Overall Respondents (%)
Full Time	934	70.0
Part - Time	287	21.5
Casual	85	6.4
Did Not Answer	29	2.2
Total	1335	100.0

Table 17: Respondents Awareness of Occupational Health and Safety Rules in the Workplace

I am aware of the Occupational Health and Safety Rules in my Workplace	Total Respondents (#)	Percentage of Overall Respondents (%)
Yes	1192	89.3
No	135	10.1
Did Not Answer	8	0.6
Total	1335	100.0

Table 18: Respondents Awareness of Health and Safety Committee in the Workplace

There is a Health and Safety Committee in my Workplace	Total Respondents (#)	Percentage of Overall Respondents (%)
Yes	1077	80.7
No	32	2.4
I do not know	218	16.3
Did Not Answer	8	0.6
Total	1335	100.0

Table 19: Respondents Perception of Policies Related to Assisting Patients to Move

My Workplace has a Policy Related to Assisting Patients to Move	Total Respondents (#)	Percentage of Overall Respondents (%)
Yes	808	60.5
No	93	7.0
I do not know	419	31.4
Did Not Answer	15	1.1
Total	1335	100.0

Table 20: Respondents Perception of Equipment Utilization if Equipment is Available

If Equipment is Available to Safety Assist a Patient to Move, Do you use it?	Total Respondents (#)	Percentage of Overall Respondents (%)
Yes	1211	90.7
No	98	7.3
Did Not Answer	26	1.9
Total	1335	100.0