

SAFETY OF THE PATIENTS AND CORRELATION WITH THE SAFETY OF THE HEALTHCARE WORKERS

As we join the rest of the world to mark the World Patient Safety Day 2020 as adopted at the 72nd World Health Assembly Resolution – WHA 72.6 “Global Action on Patient Safety” in May 2019, it is important to strengthen the fact that both the safety of the healthcare workers and that of the patients should be protected. Owing to the COVID-19 impact on the health and safety of the healthcare workers as was evident globally, it became obvious the need to integrate these two issues into one for global discussions. The World Health Organisation (WHO) in her wisdom has chosen a very apt theme for this year’s event **“Healthcare Workers Safety: A Priority for Patient Safety”**, this could not have come at a better time. This event was jointly organized this year in Nigeria by Occupational Health and Safety Managers (OHSM), Medical and Health Workers Union of Nigeria (MHWUN), OSHAfrica, International Trade Union Congress (ITUC-Africa), Nigeria Labour Congress (NLC), Patient Safety Movement Foundation (PSMF) and World Health Organisation (WHO)..

According to the words of Florence Nightingale over 160 years ago, “the very first requirement of a hospital is that it should do the sick no harm”. As fresh as this statement still is today, the question on the lips of everyone is, do we still play by this rule in healthcare facilities? How comfortable are we when we send our loved ones to healthcare facilities for treatment? Do we still feel sufficiently safe in these facilities? These and many more questions are begging for answers.

As much as we advocate for the safety of patients, we also need to remember that healthcare facilities are also workplaces primarily before being a place where patients receive care. The need to also protect the health and safety of the healthcare workers should be a very important aspect in the conversations that surround patient safety. The honest truth is, if we cannot guaranty the safety of healthcare workers, our hope of patient safety and good treatment outcomes could be adversely jeopardized. This multidisciplinary nature and complexity of healthcare systems is just a good place to start. Good treatment outcomes and the safety of the patients is a combination of many variables, it is difficult to give credit to specific sets of professions within the system. Outcomes are always joint efforts of all employees within the facility, this is one of the reasons why we advocate that safety must start from the boardroom to the bedside, to the gate house and beyond.

According to WHO, healthcare facilities across the world employ over 59 million workers who are daily exposed to a complex variety of health and safety hazards. Lately, the issue of psychosocial hazards in healthcare sector has grown exponentially and this burden has become a key indicator that could be attributed to the increasing risk of patient's harm. We are all aware how the work shift pattern in hospitals have changed over the years, the increasing rate of workplace violence against healthcare workers by patients and patients' family members, the increasing rate of the number of patients per healthcare worker in most countries, the high rate of workplace stress and the increasing incidence rate of accidental needle stick injuries among healthcare workers.

According to Dr. Teryl Nuckols, an internist and Assistant Professor at David Geffen School of Medicine, University of California Los Angeles "Residents are working more than 30 hours at a single stretch and often times forgo sleep entirely". In many healthcare systems across the world, there seems prohibition on "mandatory" healthcare worker overtime but nothing is seen on "voluntary" healthcare worker overtime. 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. According to 2014 report of Bureau for Labour Statistics, 52% of workplace violence reported occurred in healthcare. Emergency Nurses Association Survey of November, 2011 stated that 1 in 10 emergency room Nurses had suffered some form of physical violence in a period of one week. This is the enormity of the concern.

The poor infrastructural design in most healthcare facilities has also posed certain levels of risks to healthcare workers, a number of multiple floors facilities have neither elevator nor ramp. Healthcare workers are made to lift patients or in some instances support patients walking through the steps and this could lead to slips, trips and fall leaving both the healthcare workers and patients with bodily harm. Advocacy for safety at the design stage of healthcare facilities is a new conversation coming out of this program. The Bureau for Labour Statistics in 2007 report stated that slips, trips and fall are the second most common lost work-day injuries in hospitals, it also added that incident rate for healthcare workers are 90% greater than average for all private industries.

We appeal to all employers of labour 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 times is only mitigation which comes in form of safe process designs, improved hygiene practices, use of personal

protective equipment and vaccination of healthcare workers against infectious diseases with existing vaccines. In most cases, the healthcare employers are never up to their responsibilities in this regard, so obvious is the absence of duty of care from the employers. If you recall the Ebola outbreak in West Africa 2014, over 378 healthcare workers were infected while 196 healthcare workers death was recorded. When you again juxtapose that with the report from the World Health Organisation (WHO) in July 2020, over 10,000 healthcare workers have been infected in Africa by COVID-19. That report also mentioned that only 16% of the 30,000 facilities surveyed had assessment scores up to 75%, this further explains how vulnerable the healthcare workers are to infectious risks in their workplaces and the need to fix this system towards improving the rate of patient safety and treatment outcomes.

According to Dr. Moeti, WHO Regional Director for Africa, there is an urgent need for us to rethink the entire process, "the Doctors, Nurses, Cleaners and many other group of workers in healthcare sector are our mothers, brothers, sisters and loved ones" and the need to make them feel that sense of protection and care is our collective responsibility. The world is already experiencing a high level of shortage in healthcare workers and the increasing rate of harm, poor welfare and absence of social safety net and protection will further increase healthcare workers shortage and making the sector unattractive for new employments due to the prevalence of risks with obvious lack of the culture of safety.

Our recommendations as we mark this year's World Patient Safety Day starts with the advocacy for the right kind of leadership in healthcare systems globally and empathy being an integral part of our health care systems. The need to stop the existing defensive culture and replace it with a "just and transparent culture void of blame-game but owns up to responsibility when things go wrong. Remember, we are only human and everyone is fallible. "To Err is Human" according to Institute of Medicine (IOM).

We need patients to be at the center of their care, if it is all about their health and wellbeing, they should be involved in treatment decisions as it concerns their health. Advocacy for patient centred care is imminent.

The need to review existing health systems legislations is important, we need policy makers to stand up for change, healthcare technology companies to make the change by designing safe equipment using safe new technologies. We need healthcare providers to be the change through

competency improvement and due consideration for patient safety so that patients and their relatives can experience that change.

If we do not urgently commit to actionable plans, the weight of the change of pain will greatly increase and the number of people who are affected by that chain will greatly increase. Remember, when we harm a healthcare worker or hurt a patient under our care, it is not just that healthcare worker or the patient that we hurt, we also hurt their family members.

In the words of a Nigerian songwriter, Time Dakolo "There is a cry from a mother who just lost another child" The question is, who is next in line? This is a question we must all find an answer to.

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<https://www.afro.who.int/news/over-10-000-health-workers-africa-infected-covid-19>