

BARRIERS TO BACK CARE AMONG CLINICAL NURSES, TANZANIA

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Abstract

Understanding the barriers to back care techniques amongst nurses is important as it could assist hospital management and training institutions to design courses that could meet the needs of the nurses. The aim of this study was to explore the barriers to implementation of back care techniques among nurses in practice. Three focus group discussions were conducted with a group of nurse assistants, nurse midwives and nursing officers. A qualitative approach was used and data was analysed manually after taped interviews and field notes were transcribed. Barriers to effective back care included lack of training, work environment, poor facilities and attitudes. Participants emphasized the need for continuous training to improve knowledge as well as the need to address the poor working conditions. As nurse educators we may not be able to improve the working conditions but we can impact on the necessary knowledge that nurse practitioners should have to increase protection of their backs when working.

Keywords: attitudes, back care, barriers, knowledge,

Introduction

Among health professionals, nursing is the healthcare group recognized to have the highest rate of back injuries worldwide. The prevalence of low back pain among nurses is still reported to be high with a life time prevalence of 65% (Viera, Kumer, Coury & Narayan, 2006:82). This annual incidence rate of work-related back injuries among hospital nurses consistently exceeding 50% have been shown to occur in both developing and developed countries (Naidoo and Coopoo, 2007:68; Smith et al. 2003:187). The impact of work-related back injuries among nurses includes loss or impairment in physical function due to pain (Bener et al., 2006:262). Some low back pain sufferers experience disabling pain that negatively influences the quality of their life (van Nieuwenhuysen et al., 2006:50).

The reasons commonly highlighted for this high prevalence of low back pain among nurses, is their exposure to high physical demand tasks involving lifting and transferring of patients, and prolonged static postures (Vieira et al, 2006:86). This implies that nurses are required to be well informed of the back injury risk factors and the preventive measures for them to carry out their duties safely. Nestor (1988:.2) asserted that;

“Manual handling of patients is a skilled activity which requires time, practice, and application in order to be accomplished in a safe and comfortable manner.”

Various strategies to prevent low back pain have been attempted with contradictory results. The most commonly recognized approach to low back injury prevention was formerly the education and training programmes in biomechanics and lifting techniques. Researchers have also highlighted interventions such as exercise, back belts and multidisciplinary interventions (Tveito, Hysing & Eriksen 2004: 5). There is growing evidence in the literature suggesting that successful management of manual handling in health care organisations needs to incorporate more than one approach (Retsas & Pinikahana 2000: 881). Although various studies have highlighted the importance of back care techniques, translation of knowledge into practice still remains a challenge. The aim of the study was to explore the views of clinical nurses with regards to the barriers to the implementation of effective back care practices among nurses in Tanzania.

Method

The study utilized a qualitative approach with focus group discussions. Participants included

purposively selected nurses that were stratified from three different groups namely nursing officers, enrolled nurses and nurse assistants at a local hospital in Tanzania. Permission was obtained from the hospital administration to conduct the focus group discussions in the conference room within the hospital. Written informed consent was obtained from participants. The aim of the focus group discussions was to explore their views on the barriers to implementing back care techniques. The focus group discussions consisted of 6-8 participants and were tape-recorded with permission from the participants. The discussions proceeded until saturation for about 40 minutes to 1hour. Focus group discussions were conducted by one of the authors. A probing technique was used to clarify the participants' responses and to obtain more information (Britten 1995:252). To ensure trustworthiness of the recorded data, the tape was replayed at the end of each focus group discussion for participants to verify that the records contained the discussion. The data was triangulated through the use of the field notes and transcripts. To ensure trustworthiness of the recorded data, a summary was presented at the end of each focus group discussion for participants to verify that the records contained the discussion. The tape recorded information and field notes were transcribed verbatim into a manuscript and the information was analysed into emergent clusters. The clusters were then coded and categorized into themes

independently by both authors and consensus was reached in areas where there were discrepancies. Quotes are given that best support the theme identified.

Results and Discussion

Multidimensional factors were identified as barriers to effective back care amongst the nurses. The opening question that was posed to the nurses in order to facilitate the discussion was "Tell me the measures you take to protect your back during your nursing practice?". This question generated mixed responses and highlighted the multi- dimensional factors that could contribute to the barriers to back care.

"I would like to say that, even if preventive methods were available, it is difficult to apply them in preventing our backs from getting injuries"

"Sometimes we do use body alignment and I also use it to protect my back but in some instances I can't use it because of shortage of "manpower", we have too much work to do"

The results of the themes identified as barriers to implementation of back techniques are summarized below with relevant quotes. The main themes identified included lack of training, poor working conditions, attitudes of nursing staff and knowledge vs behavior

(Table 1).

Table 1 Barriers to implementation of back care techniques

Theme	Categories	Quote
Lack of training	Timing of knowledge obtained Type of lifting techniques Alternative techniques	<i>".....we came to know the techniques after we were injured, that's why I tell you that we who are here are the ones who have already suffered back pain; hence what we are doing here is to prevent further injuries".</i>
Work environment conditions	Poor facilities Shortage of staff Working hours Lack of assistive devices	<i>".....but normally there is overcrowding of patients in the wards and there could be one lying on the floor (because beds are all occupied) who then has to be lifted and carried to theatre....."</i> <i>"sometimes in the wards nurses are very busy, there can be a shortage of staff, and the patient has rung a bell... and there is no fellow nurse to assist with the taskin such a situation you decide to do it alone with difficulty..."</i> <i>"...work shifts are too long for nurses as compared with work environments and nature of our work. Thus, if a nurse is able to care 50 patients from morning up to 1:00pm the mind becomes tired, so what will come next? She/he is tired and even the back is also tired".</i>
Attitudes	Fear of being disabled Get the job done	<i>"A majority of us already have a back injury, and I suppose that most of us will retire with physical disability so we just do what we have to do."</i> <i>"Another thing which is happening in us is that we work to finish the work e.g. the patient has asked you for help... so, getting them (colleagues) to assist you takes time, and at the same time you want the work to be done. We just do it then without considering the techniques".</i>
Knowledge versus Behaviour		<i>"It is true that one should not apply force while bending, but it will take a long time to accomplish the task. If you have a patient in a situation like this (patients lying on the floor) it will be necessary for you to overlook those principles and suffer back pain"</i>

The results of the focus group discussions indicated that most of the participants had knowledge about the back injury prevention techniques, but the knowledge did not influence their behavior. Some of the respondents reported never having received training regarding back care techniques but were educated once they had sustained an injury. Some had received training during their basic nursing course but had forgotten about the techniques and thus could not implement them.

Participants highlighted the need for continuous refresher courses and more education.

“...the first year training was in 1979, while practicing on dolls and I never had any training after that...One might fail to implement what was taught from the class due to lack of understanding or forgetfulness...”

These findings are in agreement with the study done by Kjellberg, Lagerstrom, Hagberg (2003:474) who found a significant association between ages and work technique safety. The authors suggested that older nurses had poor techniques as they may have forgotten the techniques over time.

During the discussions, there was a trend of expression in all the FGD groups regarding work environments and conditions as an impeding factor to their effectiveness in applying back care techniques. This theme was categorized into poor facilities, shortage of staff, lack of equipment and working hours.

“...I try, but it is also difficult because of the working environments that are not conducive in relation to the measures of observing back care...You find that there are so many patients and not enough manpower, we also don't have the proper equipment to lift patients if we are short of staff”

The results are comparable to the findings reported by Ando et al (2000:215) who stated that some working conditions compel nurses to assume incorrect postures when performing job related tasks. Smith et al (2003:187) also suggested that nurses exposed to unsuitable working conditions are at risk of getting musculoskeletal disorders including low back pain.

In addition to other barriers perceived by the participants in the study, their responses had also expressed attitudinal barriers towards implementation of back prevention techniques in their job practice. The attitudes articulated included the attitude of defeat. Participants claimed that even if they tried to protect their backs, the nature of their work will definitely lead to back injuries

“...nursing is a calling and thus there is no technique that can be used to avoid some of the tasks... when a patient is lying on the floor, you have to lift him cause you have accepted to be a nurse...”

Zimerado and Ebbesen (1969:70) suggested that the environment causes behavior changes which in turn necessitate changes in attitude. When considering that there is also a relationship between knowledge and behavior, it is evident that the complexity of attitudes and their interdependence with knowledge, behavior and environment is highlighted. The views of the nurses need to be considered bearing all of these elements in mind if the desired outcomes are to be achieved.

Following the identification of the barriers, participants also made recommendations that could be considered. The participants clearly indicated the need for training seminars to refresh or improve their knowledge.

“I have never seen / heard a seminar being conducted or even being told that we shall be taught on how to prevent ourselves from getting back pain in our working environments.... we have never had such kind of seminars before, thus it becomes difficult to know even the basic rights of using your body especially the back....”

Another recommendation from the group was that administrators of the hospital should create a more supportive working environment by addressing placement logistics as well as increasing the number of nurses employed.

“.....those who prepare duty rosters should consider balancing, for instance, if there are five people with back problems in that particular ward, they should not be placed in

one shift or one day....”

“My opinion is, if there could be a possibility to increase manpowerand at the same time if the equipment were available, that would help us ... Also if we had more time to rest, say I work up to 1:00 o'clock and I go off...”

The interview respondents also expressed their opinions that the employer(s) and probably the responsible ministry should consider risk allowance for nurses as they are working under high risk environments. The following quotations convey their feelings and opinions:

“..... I suggest there should be motivation in terms of payment of risk allowance which will assist in medical care”.

“.....payment of risk allowance will give us a sense that we are being cared for, just an incentive”

One participant made a comment that nurses themselves need to be conscious of and adjust some of their lifestyles for instance diet. The following extract expresses her feelings and opinion:

“We are told that even eating and the type of food you eat can have an impact to our backs, because if you are overweight, it brings pressure on your back, thus makes it easier to experience back pain of which will also be difficult to recover very well..”.

Education was clearly indicated as a means to improve knowledge regarding back care techniques. Lindell (1994:214) suggests that behavior is “a practical expression of one's knowledge, skills and abilities”. This clearly implies that the effectiveness of one's knowledge has been manifested through one's behavior. However, the attainment of knowledge only, may not bring about the desired outcomes with regard to risk reduction (Nordin, Cedrahi, Balaque & Roux, 1992:699). Baker, Israel and Schurman (1996:178) indicated that behavior change is an essential part in the sustainability of injury prevention and in the maintaining of the well-being of workers in organizations. This can be achieved if motivation and role perception are considered as indispensable factors in connecting knowledge and behavior change (Lindell, 1994). Furthermore, for effective

and sustainable individual behavior change, supportive policies and conducive work environmental conditions are essential (Crump, Earp, Kosma & Hertz-Picciotto, 1996:222).

Implications for practice

The current study provided an understanding of the barriers experienced by nurses to implementation of back care techniques in practice. The results of the current study clearly highlight that low back pain in nurses is influenced by multi-dimensional factors ranging from personal to occupational influences. The impact of personal attitudes, behaviours and knowledge in conjunction with occupational hazards impacted on the effective implementation of back care practices by nurses. It is also evident that there is a need to include back care techniques and theory as part of continuing professional development for nurses.

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